MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09207

CERTIFICATE OF DEATH

Reg. Dist. No. 49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore - 19. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point | LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7310 Walman Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto County
STREET ADDRESS (If rural give location) 7310 Waldman Ave Jones Creek

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HALL. (Last) ABBOTT.
4. DATE OF DEATH: (Month) Sept. (Day) 24 (Year) 1952
5. SEX: Male.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 4. 1877
9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Gas & Elec. Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas J. Abbott.
14. MOTHER'S MAIDEN NAME: Rebecca Stansbury.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: (Son) Thomas A. Abbott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure with pulmonary oedema	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	8 years
450.0	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16., 1952, to Sept. 24, 1952, that I last saw the deceased alive on Sept. 17, 1952, and that death occurred at 9:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Louis N. Pellini M.D. | 6908 North Point Rd Balto 19. | 9/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/27/52 | NAME OF CEMETERY OR CREMATORY: Western | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 9/25/52 | REGISTRAR'S SIGNATURE: A. W Adams | 24. FUNERAL DIRECTOR: Wm. Cook Inc. | ADDRESS: 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69208

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
STREET ADDRESS (If rural give location) 7940 Pulaski Highway

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Alber

4. DATE OF DEATH: (Month) Sept (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH:

9. AGE Last birthday: 87 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dont Know

14. MOTHER'S MAIDEN NAME: Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John J Alber 7940 Pulaski Highway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1 Immediate cause (a) Chronic Myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardiovascular Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Inguinal Hernia

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1940, to Sept. 16, 1952, that I last saw the deceased alive on Sept 15, 1952, and that death occurred at 9 1st AM, from the causes and on the date stated above.

SIGNATURE Samuel McGee (Degree or title) M.D. — ADDRESS 1331 E North Ave — DATE SIGNED 9-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 19 52 — NAME OF CEMETERY OR CREMATORY Holy Redeemer — LOCATION (City, town, or county) (State) Balto

DATE REC'D BY LOCAL REGISTRAR 9/17/52 — REGISTRAR'S SIGNATURE C. A. Hedrick — 24. FUNERAL DIRECTOR Sullivan Funeral Home — ADDRESS 2004 Aliceanna

gmE

MARYLAND STATE DEPARTMENT OF HEALTH

69209

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. Ap

1. PLACE OF DEATH: COUNTY PARKVILLE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8104 Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PARKVILLE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 8104 Harford Road

3. NAME OF DECEASED (Type or Print): (First) Aubrey (Middle) T. (Last) Anderson
4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Jan. 6, 1883
9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter - self employed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Co Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-01-8201 A
17. INFORMANT: Mr. Talbott W. Anderson, 2702 Louise

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 5 days

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardio-vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Sept. 11, 1952, that I last saw the deceased alive on Sept. 10, 1952, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Harold A. Scott, M.D. 8100 Harford Rd — 9/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 9/15/52 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 9/15/52 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road.

Dr. Grott

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#9210

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Towson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? —
Hospital, Institution, or street address where death occurred: —
How long in hospital or Institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Towson
(If outside city or town limits, write RURAL and give nearest town)
Street No. 922 Locustvale Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME Erika Ase.

3.(b) Social Security Number 192-26-8192

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife Ernest Jakovics.
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 3, 1891

8. AGE: Years	Months	Days	If less than one day
61			..... hrs. ..... min.

9. Birthplace Liepaja, Latvia
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business —

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden name —
15. Birthplace —

16. Informant Egons Ase
Address 309 Mc Mechen St.

17. Burial — Date thereof Sept 15 1952
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Woodlawn
Location Woodlawn Md.

18. Funeral director Paul E. Lehnen Jr.
Address 3615-17 Chestnut Ave.

19. 9-12 1952 A. W. Hedrick Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11, 1952 at 6 30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12 1951, to Sept 10 1952 and that I last saw h.. alive on Sept 9 1952

Immediate cause of death	DURATION
Carcinomatosis	6 mo
Due to Carcinoma Rt ovary	18 mo
Due to	
Other conditions	

1757
(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of right ovary with metastasis. Date of op. 6/13/52

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE William K. Dreibel M. D. or other
Address 11 E Chase St Date signed 9/12/52

Drehl

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09211

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Catonsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Co. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Douglas Aged Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Old Frederick Rd.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Jane (Last) Banks
4. DATE OF DEATH (Month) Sept. (Day) 27 (Year) 1952
5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH: May 1865 | 9. AGE last birthday: 87 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic (Retired) | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Harrisonburg, Va | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs. Ada Morrow 2846 Parkwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Mitral Insufficiency	58 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalyc Arteriosclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-, 1952, to 9-27-, 1952, that I last saw the deceased alive on 9-27-, 1952, and that death occurred at 11.00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. F. Maloney	MD	57 Winterbourne Balto 28.	9/28/52

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	9-30-52	Loudon Park	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/30/52	[illegible]	Copeland Funeral Home	1623 Druid Hill Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 25 Blister St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) 25 Blister St

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) I (Last) Beall

4. DATE OF DEATH: (Month) Sept. (Day) 20th (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/23/06

9. AGE last birthday: 45 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Riveter

10b. KIND OF BUSINESS OR INDUSTRY: G. L. Martin Co.

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E. Green

14. MOTHER'S MAIDEN NAME: Margaret Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Murphy A. Beall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY Occlusion — Immediate

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Menopausal syndrome

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1951, to Sept 20, 1952, that I last saw the deceased alive on Sept 20, 1952, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis Semenoff M D 1437 Fuselage Ave, Balto 20, Md Sept 21, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/23/52 — NAME OF CEMETERY OR CREMATORY: Orem Meth. Cem. — LOCATION (City, town, or county): Balto. Co. — (State): Md.

DATE REC'D BY LOCAL REG. Sept. 22 1952 — REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR: Kapsalis Funeral Home — ADDRESS: 740 Eastern Blvd.

VS. A11

1439 Etheridge

Item 18 Film G147 10-22-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct and complete. Physician's knowledge is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 312 S. Bouldin Street

3. NAME OF DECEASED: (First) COLUMBUS (Middle) E. (Last) BECK
4. DATE OF DEATH: (Month) September (Day) 28, (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	6-22-95	57				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Broom Maker
10b. KIND OF BUSINESS OR INDUSTRY: Broom Making
11. BIRTHPLACE (State or foreign country): Rock Hall, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Columbus Beck
14. MOTHER'S MAIDEN NAME: Alice Elburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) HYPERTENSION., secondary to enlargement of the — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) anterior lobe of the hypophysis and nodular

DUE TO (c) enlargement of cortices of adrenal.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 3, 1952, to Sept. 28, 1952, and that death occurred at 5:00 PM, from the causes and on the date stated above.

SIGNED (Physician or title): William B. VanDeGrift, M. D. — ADDRESS: VAH, Fort Howard, Maryland — DATE SIGNED: 9-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/1/52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9/30/52 — REGISTRAR'S SIGNATURE: [signature] Deputy

24. FUNERAL DIRECTOR — ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore 14, Maryland
Mildred L. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson; LENGTH OF STAY 10 mos. 23 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville, Maryland; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Bergman

4. DATE OF DEATH: (Month) Sept. (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/20/1888

9. AGE last birthday: 63 yrs. If under 1 year: Months 10, Days 25; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR IND[illegible]

11. BIRTHPLACE (State or foreign country): Estonia, Europe

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Bergman

14. MOTHER'S MAIDEN NAME: Anna Pillak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 056-12-8308

17. INFORMANT AND ADDRESS: Charles Bergman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis, far advanced	About 1½ yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchogenic Carcinoma;epidermoid type,	About 10 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/22, 1951, to 9/14, 1952, that I last saw the deceased alive on 9/14/52, 19..., and that death occurred at 12:25 p.m., from the causes and on the date stated above.

SIGNATURE: William Bergman (Degree or title) M. D. ADDRESS: Mt. Wilson, Md. DATE SIGNED: 9/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 9/16/52; NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery; LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 9/14/52; REGISTRAR'S SIGNATURE: Helen M. Kerr

24. FUNERAL DIRECTOR: Frank H. Newell, ADDRESS: Pikesville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

SEP 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09215

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3014 Arizona Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 3014 Arizona Ave.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Berman

4. DATE OF DEATH: (Month) Sept (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Widowed

8. DATE OF BIRTH: Aug. 20, 1886

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): B&O railroad

10b. KIND OF BUSINESS OR INDUSTRY: Painter

11. BIRTHPLACE (State or foreign country): Europe

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Berman

14. MOTHER'S MAIDEN NAME: ---- Joffee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-03-5325

17. INFORMANT: Mrs. Rebt C. Colpin 3014 Arizona Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C.V. Disease — Interval between onset and death: ?

4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 19 51, to Sept 23, 19 52, that I last saw the deceased alive on 9/23, 1952, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Nathan Janney MD — ADDRESS: 7101 Harford Rd. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 24, 1952 — NAME OF CEMETERY OR CREMATORY: Western Cem. — LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG. 9/25/52 — REGISTRAR'S SIGNATURE: A. W. Holmes

24. FUNERAL DIRECTOR — ADDRESS: Charles F. Evans & Son, 118 W. Mt. Royal Ave.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY (Baltimore) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Cross) | LENGTH OF STAY (in this place) (Life)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Box 129 Bird River Rd)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE (Md) COUNTY (Balto)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) (Box 129. Bird River. Rd)

3. NAME OF DECEASED (Type or Print): (First) ~~Bevans~~ (Middle) Charles Edw: (Last) Bevans
4. DATE OF DEATH: (Month) (Day) (Year) (Sept 30 1952)
5. SEX: (Male)
6. COLOR OR RACE: (White)
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (Widower)
8. DATE OF BIRTH: (Aug 11-1876)
9. AGE last birthday: (76 yrs.) If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (Truck Farmer)
10b. KIND OF BUSINESS OR INDUSTRY: (Own. Farm)
11. BIRTHPLACE (State or foreign country): (Balto Co Md)
12. CITIZEN OF WHAT COUNTRY?: (U.S.A.)
13. FATHER'S NAME: (Joshua Bevans)
14. MOTHER'S MAIDEN NAME: (Mary Kinghorn)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (No) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: (Mr. James E Bevans. Box 129 Bird River Rd)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) (Coronary sclerosis with aortic stenosis) — Interval Between Onset and Death: (7 years)

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from (March), 19(4)b, to (Sept 30), 19(5)2, that I last saw the deceased alive on (Sept 22), 19(5)2, and that death occurred at (P) m., from the causes and on the date stated above.

SIGNATURE (A Lewis) (Degree or title) ADDRESS (Kolodna Md 45 Edgewater #21) DATE SIGNED (9/30/52)

23. BURIAL, CREMATION / REMOVAL (Specify): (Burial) | DATE (10/3/52) | NAME OF CEMETERY OR CREMATORY (Ebenezer Meth Cem) | LOCATION (City, town, or county) (State) (Balto Md)

DATE REC'D BY LOCAL REG. (10/2/52) | REGISTRAR'S SIGNATURE (H. W. Graham Deputy) | 24. FUNERAL DIRECTOR ADDRESS (Lassahn Funeral Home 7401 Belair Rd)

VS. A15

MAKE NO ERASURES FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ...s of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River. Baltco — MARYLAND (State) — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 14. Box 125. Bird River Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Co — STREET ADDRESS (If rural, give location) Box 125 Bird River Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	C.	Berens	Sept	11	52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widower	Sept 12/1887	64 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer Owner Retired.		Balto. Co	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joshua Berens	Mary Kinghorn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Clarence J Berens Box 125

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Instant

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
9	11	52	8 A m.		None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. McCormick M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md 9/11/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-13-52	Ebenezer Meth	Ebenezer Rd Balto Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/11/52	A. W. Hedrick	Lassahn Funeral Home	7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO 7.; LENGTH OF STAY (in this place) 4 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3509 ROLAND ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 7; STREET ADDRESS (If rural, give location) 3509 ROLAND ROAD

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
AMBROSE	LAURENCE	KOPP	SEPT.	17	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE		JULY 14-1876	76 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TAILOR	TAILORING	BALTIMORE CITY	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANK KOPP	CATHERINE MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	219-14-2235	MRS AMBROSE KOPP - 3509 ROLAND RD BALTO. 7 -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CHRONIC CONGESTIVE HEART FAILURE	4 MONTHS
444 X Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIO-VASCULAR DIS.	10 YEARS
	(c) CEREBRAL VASCULAR ACCIDENT (2)	5 X 1 YEAR
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
X	X	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
X	X	X		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
X m.	X	X

22. I hereby certify that I attended the deceased from JUNE, 1949, to SEPT 17, 1952, that I last saw the deceased alive on SEPT 13, 1952, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Edward C. Klauber MD	Baltimore, Md	9-17-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-20-52	Holy Cross Cemetery	Baltimore, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/18/52	A.W. Hebron Dep	Ellsworth Demarest	4600 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4 yrs 3 mos 14 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) unknown ✓

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Bricklingham (Last) Brittenham

4. DATE OF DEATH: (Month) Sept (Day) 22 (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 18, 1876

9. AGE last birthday: 75 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): factory worker

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Samuel Brittenham

14. MOTHER'S MAIDEN NAME: Josephine Mc El haney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Records: Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
490.0 Immediate cause	(a) Pulmonary edema and hypostatic pneumonia	4 da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardiac failure	5 da
	DUE TO Arteriosclerotic heart disease	yr
	due to Generalized arteriosclerosis	yr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Senile arteriosclerotic nephrosclerosis — yr

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17, 1952, to 9-22, 1952, that I last saw the deceased alive on 9-22, 1952, and that death occurred at 9 44 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Ethel B. Neumann Asst MD — Spring Grove State Hosp. Catonsville 28, Md — 9-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF 9/24/52 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Cedar Hill Cemetery Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/23/52 — REGISTRAR'S SIGNATURE A. W. Dubrock JT

24. FUNERAL DIRECTOR — ADDRESS: HENRY SANDER & SONS, INC. BALTO., 13, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 26

CERTIFICATE OF DEATH

Reg. Dist. No. 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. AM 8-51

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 212 N. Marlyn Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 212 N. Marlyn Ave.

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) THERESA (Last) BROOKS

4. DATE OF DEATH: (Month) SEPT. (Day) 3 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 24 - 1881

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alfred Edwards

14. MOTHER'S MAIDEN NAME: Sarah Fagen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Miss Ann Brooks - Essex Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 12 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic cardio-Vascular disease — 1 yr

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1952, to Sept 3, 1952, that I last saw the deceased alive on Sept 3, 1952, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

H. Baumgardner MD Balto 6 Md 9/4/52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF Sept. 6-52 — NAME OF CEMETERY OR CREMATORY Oak Lawn Cem. — LOCATION (City, town, or county) (State) Balto., Co. Md.

DATE REC'D BY LOCAL REG. 9/5/52 — REGISTRAR'S SIGNATURE — **24. FUNERAL DIRECTOR** John G. Connelly — ADDRESS 418 Eastern Ave Balto 21, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIR

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 40 - NR Mid. River Rd
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~H.F.~~ Bow St. Elkton
STREET ADDRESS (If rural, give location) 117 Bow Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Evans (Last) Brown

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 14 1929

9. AGE last birthday: 23 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): USAF Cook

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North East Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Julian M Brown

14. MOTHER'S MAIDEN NAME: Margaret Davidson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Julian M Brown 117 Bow St Elkton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) FRACTURED SKULL, PARIETAL, Rt.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) LACERATION, Rt JAW, SEVERING VESSELS	1½ hrs
	(c) FRACTURE Rt. HUMERUS	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION: NONE — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Route 40
(CITY OR TOWN) NR. Middle River Rd — (COUNTY) Balto — (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 9-18-52 1[illegible] p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Ran car under trailer truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: M J Davis — (Degree or title) MD — ADDRESS: Dep. Med. Exam. - Dundalk - Md — DATE SIGNED: 9/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-21-52 — NAME OF CEMETERY OR CREMATORY: Methodist — LOCATION (City, town, or county) (State): North East Md

DATE REC'D BY LOCAL REG. 9-23-52 — REGISTRAR'S SIGNATURE: Edith Nurley-cc — 24. FUNERAL DIRECTOR — ADDRESS: Joseph R Grant North East Md

CHO

9/23/52

RECEIVED
SEP 23 1952
U.S. ARMY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 5-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 Seminole Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto,

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

STREET ADDRESS (If rural, give location) 22 Seminole Ave

3. NAME OF DECEASED: (Type or Print) (First) Irma (Middle) E. (Last) Bryson

4. DATE OF DEATH: (Month) Sept (Day) 24 (Year) 19 52

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 5, 1890

9. AGE Last birthday: 62 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Brady

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Samuel Bryson, 22 Seminole Ave, Catonsv

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

170X

Immediate cause (a) Cardiac Failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cancer of Left Breast & multiple

DUE TO

(c) Metastasis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture pathological left hip

19a. DATE OF OPERATION: April 1950

19b. MAJOR FINDINGS OF OPERATION: Ca of left Breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 51, to Sept, 19 52, that I last saw the deceased alive on Sept 24, 19 52, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Cliff Ratliff M. D. ADDRESS 4605 Edmondson ave DATE SIGNED 9/24/52

23. BURIAL, CREMATION REMOVAL. (Specify): Burial

DATE THEREOF Sept. 27/52

NAME OF CEMETERY OR CREMATORY Reformed Lutheran

LOCATION (City, town, or county) Westminster, Md. (State)

DATE REC'D BY LOCAL REG. 9/25/52

REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR Harry A. Dietz ADDRESS 1 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 23

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 16 yrs 10 mos 16 ds
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 701 N. Payson St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Carolyn (Middle) (Last) Buchwald

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 19 1881

9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Fred G. Buchwald

14. MOTHER'S MAIDEN NAME: Margaret Wohler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) none

17. INFORMANT'S ADDRESS: Records Spring Grove State Hospital Catonsville 28, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
172X Immediate cause	(a) Cachexia and anaemia	2 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized carcinoma Lung	yrs 1 yr
	DUE TO (c) Primary adeno carcinoma fundus of	" 1 "

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Uterus

19a. DATE OF OPERATION: Feb 12, 1952 **19b. MAJOR FINDINGS OF OPERATION:** Infiltrating adeno carcinoma fundus of

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Street address (Home, farm, factory, street, office bldg., etc.)) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 17, 1951, to Sept 22, 1952, that I last saw the deceased alive on Sept 22, 1952, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Hermann-Greene MD — ADDRESS Spring Grove State Hosp Catonsville 28, Md — DATE SIGNED 9-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF** 9-24-52 — **NAME OF CEMETERY OR CREMATORY** Woodlawn — **LOCATION** (City, town, or county) Baltimore, Md. (State)

DATE RECD. BY LOCAL REG. 9/23/52 — **REGISTRAR'S SIGNATURE** A. W. Pelusi

24. FUNERAL DIRECTOR: Howard H. Hubbard, 2503 Edmondson Ave.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Turners Station
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sollers Homes

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Turners Station
STREET ADDRESS (If rural, give location): 203 Hendrick Court

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) (Last) BUGGS

4. DATE OF DEATH: (Month) September (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 31, 1907

9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helper Concrete work

10b. KIND OF BUSINESS OR INDUSTRY: Construction Co.

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sam Bugs

14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Rosetta Bugs 203 Hendricks Ct.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: William Scarlett (Degree or title) ADDRESS: Baltimore, Maryland DATE SIGNED: September 9, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-12-52 — NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park — LOCATION (City, town, or county) (State): Ba Co. Md.

DATE REC'D BY LOCAL REG.: 9/11/52 — REGISTRAR'S SIGNATURE: A W Hudnick

24. FUNERAL DIRECTOR: C. R. Law — ADDRESS: 802 Madison Ave.

55

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 102 Maryland Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 102 Maryland Avenue

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) E. (Last) Buschman

4. DATE OF DEATH: (Month) Sept (Day) 8 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 15, 1896

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A. Ertel

14. MOTHER'S MAIDEN NAME: Julia Schroff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia by hanging - Suicide — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Melancholia with depression — 4 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin C. Hudson (Degree or title) M.D. D.M.E. — ADDRESS: Towson Md — DATE SIGNED: 9/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 12, 1952 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Parkville, Maryland

DATE REC'D BY LOCAL REG.: Sept. 10, 1952 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/S

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural: Towson
LENGTH OF STAY (in this place) 13 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 24, Md.
STREET ADDRESS (If rural give location) 3105 Dillon St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Reed (Last) Butler

4. DATE OF DEATH: (Month) Sept (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): married

8. DATE OF BIRTH: Nov. 8, 1887

9. AGE Last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Stock Clerk

10b. KIND OF BUSINESS OR INDUSTRY: ENG. AMER TAILORS

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Butler

14. MOTHER'S MAIDEN NAME: Fenton Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-01-9002

17. INFORMANT & ADDRESS: Personal History Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

CC: X

Immediate cause (a) Pulmonary Tuberculosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 7 mo

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 22, 1952, to Sept 4, 1952, that I last saw the deceased alive on Sept 3, 1952, and that death occurred at 1.55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton B. Kress M.D. ADDRESS Eudowood Sanatorium - Towson 4, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 9-8-1952 NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY LOCATION (City, town, or county) RITCHIE (State) Md. Hwy Anne Co.

DATE REC'D BY LOCAL REGISTRAR 9/8/52 REGISTRAR'S SIGNATURE A W Hedges

24. FUNERAL DIRECTOR Charles S. Feiler ADDRESS 901 S. Conkling St. Balto. 24, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (In this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS: Big Gunpowder Falls

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chase Park | STREET ADDRESS (If rural, give location): 7909 Pulaski Highway

3. NAME OF DECEASED (Type or Print): (First) Ronald (Middle) William (Last) (NEWTON) CAPLAN. | 4. DATE OF DEATH: (Month) Sept. (Day) 5 (Year) 1952

5. SEX: | 6. COLOR OR RACE: Wh. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): | 8. DATE OF BIRTH: May 28 1936 | 9. AGE last birthday: 16 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Meyer Caplan | 14. MOTHER'S MAIDEN NAME: Mildred E. Seaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mother Sabrina

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DROWNING

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Gunpowder River | (CITY OR TOWN): Route #40 | (COUNTY): Balto. | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 9-2-52 m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY Ooccur? Diving in deep hole in R.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

[illegible] DDS 7N5 [illegible] 9-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9-6-52 | NAME OF CEMETERY OR CREMATORY: Oak Lawn | LOCATION (City, town, or county) (State): Eastern Blvd. Balto. Md.

DATE REC'D BY LOCAL REG.: September 6, 1952 | REGISTRAR'S SIGNATURE: Edith Hurley | 24. FUNERAL DIRECTOR: Thos. F. Connelly Sons | ADDRESS

VS. A15

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Elmont Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) 16 Elmont Ave.

3. NAME OF DECEASED (Type or Print) (First) M. (Middle) FORD (Last) CARTER

4. DATE OF DEATH (Month) Sept. (Day) 24 (Year) 1952

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Dec. 16, 1914

9. AGE last birthday 37 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) F B I

10b. KIND OF BUSINESS OR INDUSTRY F B I

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Preston F. Carter

14. MOTHER'S MAIDEN NAME Catherine E. Ament

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Ardelle L. Carter - 16 Elmont Ave. Raspeburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Teratoma, left testicle c metastases

178X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to left cervical glands, left perineal glands

(c)

INTERVAL BETWEEN ONSET AND DEATH: 9 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan 52

19b. MAJOR FINDINGS OF OPERATION Removal L testicle June 52 Removal metastases to L cervical glands

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to 23 Sep, 1953; that I last saw the deceased alive on 23 Sep, 1952, and that death occurred at 1x 25 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

1261 E Belvedere Balto Md 25 Sep 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9/27/52

NAME OF CEMETERY OR CREMATORY Western Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 9/26/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. J. Pickner & Sons ADDRESS Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Owings Mills
LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St. Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 27
STREET ADDRESS (If rural, give location) Box 74 Lynch Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Claude (Last) Chilcoat, JR.

4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 6-28-47

9. AGE last birthday: 5 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): patient

10b. KIND OF BUSINESS OR INDUSTRY: patient

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Claude Chilcoat

14. MOTHER'S MAIDEN NAME: Doris Madeleine Perkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Institution records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491X

Immediate cause (a) Broncho-pneumonia — Interval between onset and death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Epilepsy- petit-mal — since birth

Spastic quadriplegia with microcephaly — since birth

DUE TO (c) Inanition

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1, 1952, to 9-12, 1952, that I last saw the deceased alive on 9-12, 1952, and that death occurred at 1:55 p.m., from the causes and on the date stated above.

SIGNATURE: Viola B. Johns (DEGREE OR TITLE) M.D. ADDRESS: Rosewood St. Tr. School DATE SIGNED: 9-12-52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 9-15-52
NAME OF CEMETERY OR CREMATORY: MEADOWRIDGE
LOCATION (City, town, or county) (State): HOWARD CO. Md.

DATE REC'D BY LOCAL REG.: Sept. 15-1952
REGISTRAR'S SIGNATURE: William M. Kelly Jr.
24. FUNERAL DIRECTOR: Kelly Grove Bradley, ADDRESS: Dundalk, Md.

SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (Rural); MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Old York Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (Rural); STREET ADDRESS (If rural, give location) Old York Road

3. NAME OF DECEASED (Type or Print): (First) Herman (Middle) — (Last) Cockey

4. DATE OF DEATH: (Month) Sept. (Day) 26 (Year) 1952

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: May 14 1878

9. AGE last birthday: 74 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joshua Hutchins Cockey

14. MOTHER'S MAIDEN NAME: Anna Rebecca Hutchins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Susie Lee Givens, Sparks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447X **Immediate cause** (a) Heart block

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

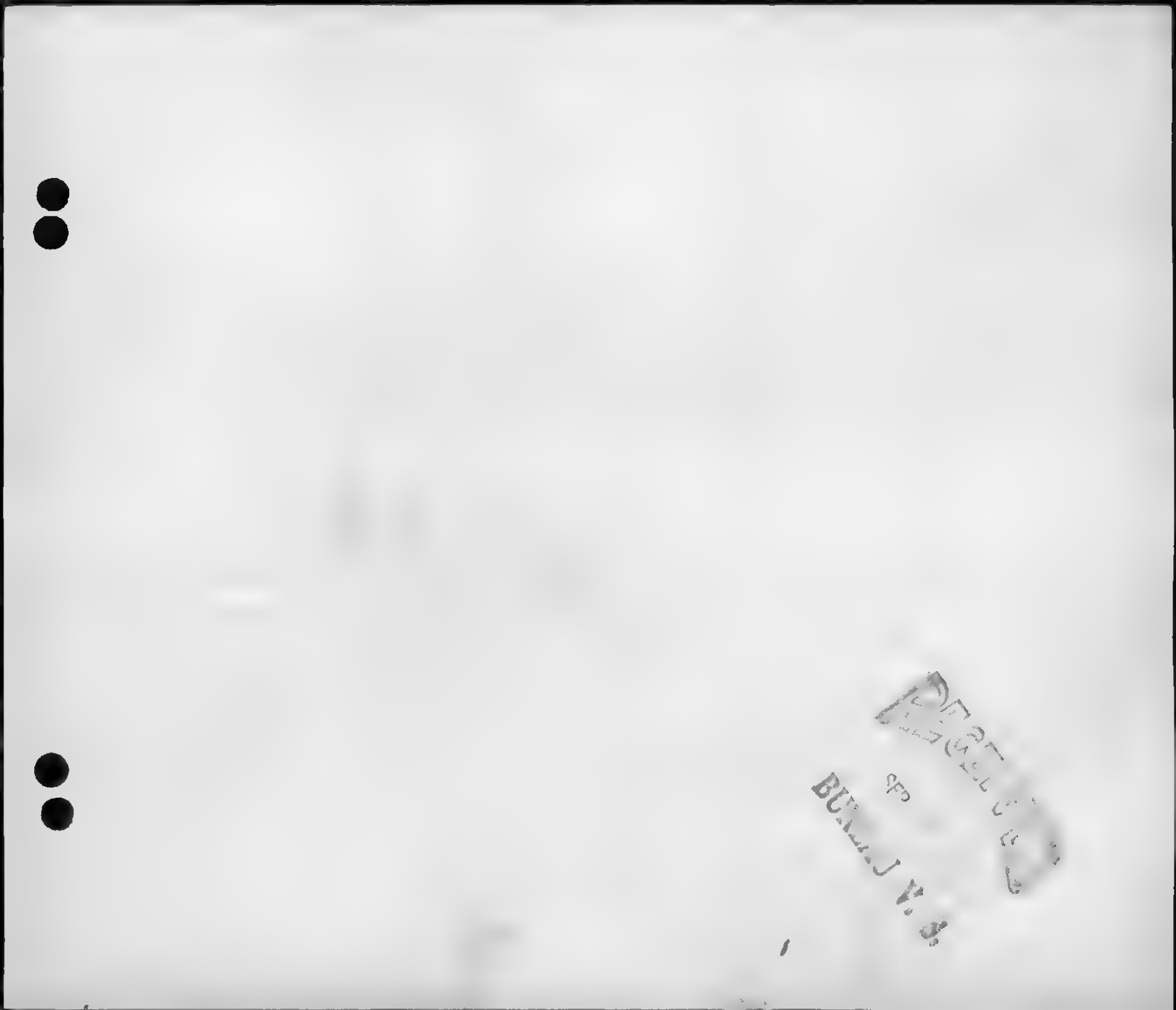
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1952, to Sept. 26, 1952, that I last saw the deceased alive on Sept. 25, 1952, and that death occurred at 10± m., from the causes and on the date stated above.

SIGNATURE: C. M. Frana (Degree or title) MD ADDRESS Parkton Md. DATE SIGNED 9/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Sept 29, 1952 | NAME OF CEMETERY OR CREMATORY St. James | LOCATION (City, town, or county) Monkton, Md. (State)

DATE REC'D BY LOCAL REG. Sept. 29, 52 | REGISTRAR'S SIGNATURE M. Elizabeth Forsuch | 24. FUNERAL DIRECTOR ADDRESS Landon M. Brooks, Sparks, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]31

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 15 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp, Fort Howard, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Quantico
STREET ADDRESS (If rural give location): Route #1

3. NAME OF DECEASED (Type or Print): (First) SETH (Middle) J. (Last) CONWAY

4. DATE OF DEATH: (Month) September (Day) 30 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-29-95

9. AGE Last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tyascin, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hayes Conway

14. MOTHER'S MAIDEN NAME: Eliza (maiden name unknown)

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): yes — (If Yes, give war or dates of service): WW-1

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clinical Records, Veterans Administration Hospital, Fort Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ACUTE MYOCARDIAL INFARCTION — Interval Between Onset And Death: 3 WEEKS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 30, 1952, to Sept. 30, 1952, that I last saw the deceased alive on Sept 30, 1952, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Abraham A. Polachek, M.D. — ADDRESS: VAH, Fort Howard, Md. — DATE SIGNED: 9-30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 5, 1952 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Creek — LOCATION (City, town, or county) (State): Mt. Olivet Creek Md

DATE REC'D BY LOCAL REGISTRAR: 10/1/52 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Booker West — ADDRESS: Salisbury, Md.

Ina

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19232

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A151

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 524 N. Parrish Street

3. NAME OF DECEASED: (Type or Print) (First) PAUL (Middle) (Last) COOK

4. DATE OF DEATH: (Month) (Day) (Year) September 9 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 1898

9. AGE last birthday: 54 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Middlesex County, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jake Cook

14. MOTHER'S MAIDEN NAME: Indie (MN unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Records,Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

203x

Immediate cause (a) MULTIPLE MYELOMA DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 30, 1952, to Sept. 9, 1952, ~~the deceased~~ SIGNATURE (Degree or title) ADDRESS DATE SIGNED

, and that death occurred at 9:15 ....., from the causes and on the date stated above.

WILLIAM B. VANDEGRIFT, M.D. VAH, Fort Howard, Md. 9/10/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9/14/52

NAME OF CEMETERY OR CREMATORY ANTIOCH CHURCH CEMETERY

LOCATION (City, town, or county) (State) SALUDA, Virginia

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE A.W. Hedrick

24. FUNERAL DIRECTOR ADDRESS
Arlington S. Phillips, ~~1006~~ N. Monroe St., Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH INK. Every item of information should be carefully supplied. The correct age is especially important. Instructions: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Mary Ann Daley
2. DATE OF DEATH: Sept. 20 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland (~~Baltimore City~~) catonsville
   B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rocco Knoll
   C. Length of stay in Baltimore: Yrs. 80 Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE 1500 Latrobe Park Ter. B. COUNTY
   C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 30 Md.
   D. STREET ADDRESS (If rural, give location): 1500 Latrobe Park Ter. ✓
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: 11/14/18~~72~~
9. AGE (In years last birthday): 80 — If Under 1 Year: Months: 10 Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Balto. 30 Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jeremiah Daley
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown): NO
    (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Mary Bartelt ADDRESS: Latrobe

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO

491X ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~Sept~~ 19~~5~~2, *to* Sept. 20 19~~5~~2, *that I last saw the deceased alive on* Sept 19 19~~5~~2, *and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE Ernest Lockman M. D.
23B. ADDRESS 1037 N. Calvert St
23C. DATE SIGNED 9-20-52

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/23/52
24C. NAME OF CEMETERY OR CREMATORY: National Cem.
24D. LOCATION (City, town, or county) (State): Frederick Md.

DATE RECEIVED BY LOCAL REGISTRAR: 9/22/52
REGISTRAR'S SIGNATURE: A. W. Dedrick
25. FUNERAL DIRECTOR: Charles F. Dill ADDRESS: 150 E Pat

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 34

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rosedale
LENGTH OF STAY (in this place): 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7918 Oakdale Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 2605 E. Fairmount Avenue

3. NAME OF DECEASED: (First) FELICIA (Middle) (Last) DAMILOSKI

4. DATE OF DEATH: (Month) September (Day) 8, (Year) 1952.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Unknown

9. AGE Last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Dombrowski

14. MOTHER'S MAIDEN NAME: Katherine Budna

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): - (If Yes, give war or dates of service): -

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS: Mrs. Rose Olszewski, 2605 E. Fairmount Avenue

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X Immediate cause	(a) Cerebral Hemorrhage.	1 month
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Arteriosclerosis DUE TO	15 years.
	(c) DUE TO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1952, to Sept. 8, 1952, that I last saw the deceased alive on Sept. 1, 1952, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

SIGNATURE: James R. Moran, — (Degree or title) M.D. — ADDRESS: Baltimore, Md. — DATE SIGNED: 9-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/10/52 — NAME OF CEMETERY OR CREMATORY: St. Stanislaus — LOCATION (City, ~~XXXXXXX~~) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9/9/52 — REGISTRAR'S SIGNATURE: A. W. Perkins — 24. FUNERAL DIRECTOR: M.F. SADOWSKI & SONS, 1808 EASTERN AVENUE — ADDRESS: Charles D. Sadowski

VS. A15 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
   LENGTH OF STAY (in this place): 4 yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2219 Rock Haven Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
   STREET ADDRESS (If rural, give location): 2219 Rock Haven Ave.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) FRANKLIN DAY (Last)

4. DATE OF DEATH: (Month) Sept. (Day) 2, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/15/1885

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodcraft

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Yard

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James W. Day

14. MOTHER'S MAIDEN NAME: Martha V. Parsly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-10-5159

17. INFORMANT AND ADDRESS: Mrs. Margaret E. Day - 2219 Rock Haven Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — Immediate

420.1

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) Arteriosclerotic Cardio-Vascular Disease — 3 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1952, to Sept 2, 1952, that I last saw the deceased alive on Aug 31, 1952, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE: William F. Sweeney — (Degree or title) M.D. — ADDRESS: Ellicott City, Md — DATE SIGNED: 2 Sept. 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/4/52 — NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery — LOCATION (City, town, or county) (State): Howard Co. Md.

DATE REC'D BY LOCAL REG. 9-3-52 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR — ADDRESS: Eddstone & Sons Catonsville, Md.

RECEIVED
SEP 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 8711 Eddington Road

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) A. (Last) DEI
4. DATE OF DEATH: (Month) Sept. (Day) 14th., (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/13/1876
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Own Shop
11. BIRTHPLACE (State or foreign country): Baynesville, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Martin Dei
14. MOTHER'S MAIDEN NAME: Rosena (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Margeret Dei Pittsburg, Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CHRONIC MYOCARDITIS — 2 yrs

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) SENILITY

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN): 0 (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

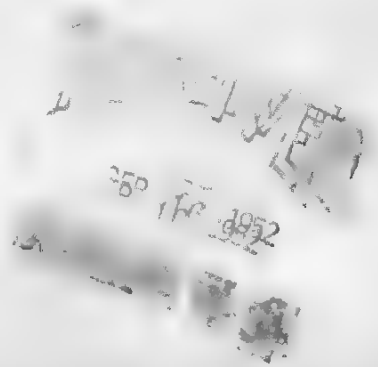
22. I hereby certify that I attended the deceased from AUG. 8, 1951, to SEPT. 14, 1952, that I last saw the deceased alive on SEPT. 13, 1952, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE: J. Lloyd Johnson — (Degree or title) M.D. — ADDRESS 6348 Frederick Road Catonsville Md — DATE SIGNED 9/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/17/52 — NAME OF CEMETERY OR CREMATORY: St. Joseph'S Cemetery — LOCATION (City, town, or county) Pittsburg, Pa. (State)

DATE REC'D BY LOCAL REG. 9/15/52 — REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR: Caston Bone — ADDRESS Catonsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Essex; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 S.Taylor Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural give location) 112 S. Taylor Ave

3. NAME OF DECEASED (Type or Print): (First) Fiorindo or FRED (Middle) (Last) Di Pietro
4. DATE OF DEATH: (Month) Sept. (Day) 5 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 5 1883
9. AGE last birthday: 69 yrs. If under 1 year: Months 3 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Beth. Ste Steel Co.
11. BIRTHPLACE (State or foreign country): Corropoli-Teramo-Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Giacomo Di Pietro
14. MOTHER'S MAIDEN NAME: Filomena Dezii

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-07-3979
17. INFORMANT: Rosalina Di Pietro 112 S.Taylor Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Mesenteric Thrombosis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic cardio-vascular	6 yrs
	(c) Disease with hypertension	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1945, to Sept 5, 1952, that I last saw the deceased alive on Sept 5, 1952, and that death occurred at 8.35 P m., from the causes and on the date stated above.

SIGNATURE: Joseph Mucci (Degree or title) M D ADDRESS 423 Eastern Ave Balto. 21 Md DATE SIGNED 9/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept. 9 1952
NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 9/8/52
REGISTRAR'S SIGNATURE: A. W Hedrick
24. FUNERAL DIRECTOR: Frank Della Rocca ADDRESS 322 S.High St.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ~~30~~ BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 306 Margaret Ave. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural, give location) 306 MARGARET AVE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CONRAD	C.	DORN	9 -	18	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W		Oct 12, 1893	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Cont. Con Co.	Balto City	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CONRAD DORN	Mary Elizabeth Fritz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Catherine Dorn (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY OCCLUSION

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M P Davis	M.D. - Dep. Med. Exam.	Dundalk - Md.	9/18/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/22/52	Oak Lawn	Eastern Ave. Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/18/52	[signature]	John J. Connelly.	

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. AI

1. PLACE OF DEATH
COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cub Hill, Joppa
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cub Hill Orchard

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cub Hill, Joppa
STREET ADDRESS (If rural, give location) Cub Hill Orchard

3. NAME OF DECEASED (Type or Print) (First) GLADYS (Middle) (Last) DORSEY

4. DATE OF DEATH (Month) Sept. (Day) 6, (Year) 1952

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 21, 1904

9. AGE last birthday 48 yrs.
If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME William Briscoe

14. MOTHER'S MAIDEN NAME Rose Ringgold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Lee Dorsey Cub Hill, Joppa, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 days

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Dis — 8 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 7, 1944, to Sept 6, 1952, that I last saw the deceased alive on Sept 5, 1952, and that death occurred at 6:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

K. Telford Fr Hudson M.D. Fork Md. 9/7/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9-9-52 — NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/8/52 — REGISTRAR'S SIGNATURE A W Hedrick — 24. FUNERAL DIRECTOR Mrs. Frances A. Hemsley — ADDRESS 518 W Baltimore St.

5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2851 W. North Avenue

3. NAME OF DECEASED: (Type or Print) (First) HARRISON (Middle) R. (Last) DORSEY

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-19-20

9. AGE Last birthday: 31 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Cement Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Dorsey

14. MOTHER'S MAIDEN NAME: Helen Sims

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 217-12-9909

17. INFORMANT & ADDRESS: Clin. Rec., Vet. Adm. Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) SYPHILITIC HEART DISEASE — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO — (b)

DUE TO — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 29, 1952, to Sept. 1, 1952, that I last saw the deceased alive on and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Henri T. Brackin, Jr.
JOHN T. BRACKIN, JR. M.D.

ADDRESS: VAH. Fort Howard, Md.

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9/4/52

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 9/3/52

REGISTRAR'S SIGNATURE: Ida Rachael Dove

24. FUNERAL DIRECTOR: Arlington S. Phillips, 1808 N. Monroe St., Baltimore, Md.

ADDRESS

VS/A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

119241

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; STREET ADDRESS (If rural, give location) 7816 Bagley Ave.

3. NAME OF DECEASED (Type or Print): (First) MARIE (Middle) (Last) DVORAK

4. DATE OF DEATH: (Month) Sept. (Day) 5 (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Oct. 29, 1867

9. AGE last birthday: 84 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Schusser

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Elizabeth Hauner, dght, 1211 N. Montford Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic pneumonia — June 27-52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial degeneration — 5 yrs

(c) Fractured left femur — July 5-52

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

9?2.0

19a. DATE OF OPERATION: July 5 52

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): July 25-52

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 7816 Montford (CITY OR TOWN): Balto (COUNTY): — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): July 25 80 'm.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? fell on rug

22. I hereby certify that I attended the deceased from July 25, 19 52, to Sept 5, 19 52, that I last saw the deceased alive on July 26, 19 52, and that death occurred at 2 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T. Ed Runyeon Sr, coroner Baltimore Co Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept. 9, 1952

NAME OF CEMETERY OR CREMATORY: Oak Hill Cem.

LOCATION (City, town, or county) (State): Horner's Lane, Balto. Md.

DATE REC'D BY LOCAL REG.: 9/8/52

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 418 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1632 E. 29th Street

3. NAME OF DECEASED: (First) RAYMOND (Middle) T. (Last) ECKHARDT

4. DATE OF DEATH: (Month) September (Day) 26 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 11, 1897

9. AGE last birthday: 55 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Liquor inspector

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Eckhardt

14. MOTHER'S MAIDEN NAME: Anna Fenton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WWI

16. SOCIAL SECURITY No.: 213-03-2718

17. INFORMANT & ADDRESS: Clin.Records,Vet.Adm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) EXFOLIATIVE DERMATITIS — Interval Between Onset And Death: 3 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 4, 1951, to Sept. 26, 1952, that I last saw the deceased alive on [illegible] and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): FRANCIS G. DICKEY, M.D. FGDickey

ADDRESS: VAH, Fort Howard, Md.

DATE SIGNED: 9/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-29-52

NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 9/26/52

REGISTRAR'S SIGNATURE: a. w. Hedrick

24. FUNERAL DIRECTOR: Leonard J. Ruck L.J.Ruck

ADDRESS: 5305 Harford Road, Baltimore, Md.

Item 18 Film G147 10-23-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 29 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 123 Forest Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 123 Forest Drive

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) CLARA CHARLOTTE EGNER

4. DATE OF DEATH: (Month) (Day) (Year) Sept 28 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov 2. 1874

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frederick Liess

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Clara M. Bomberger 123 Forest Drive 28

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Glomerul Nephritis	Days Month Year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebrosis	4 years
	DUE TO (c) II Hemorrhage	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 19 52, to Sept 28, 19 52, that I last saw the deceased alive on Sept 27, 19 52, and that death occurred at 7.25 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Wm Sloan Ford 302 W. Pre St Baltimore md

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF Oct 1-1952
NAME OF CEMETERY OR CREMATORY Meadowridge
LOCATION (City, town, or county) (State) Jessups Md.

DATE REC'D BY LOCAL REG. 9-29-52
REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR (ADDRESS) Geo W. Tempel 531 Edmondson Ave - 29

VS. A15 (8-51)

RECEIVED
OCT 1
BU... U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

119244

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shellbourne Road & Poplar Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown
STREET ADDRESS (If rural, give location): Old Court Road & Green Lane

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) CARL (Last) FELDPUSH

4. DATE OF DEATH: (Month) September (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Nov. 23, 1920

9. AGE last birthday: 31 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Co.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Feldpush

14. MOTHER'S MAIDEN NAME: Bessie Appleby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Catherine E. Feldpush Randallstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

914.5

Immediate cause (a) Asphyxia due to electrocution

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway

(CITY OR TOWN) (COUNTY) (STATE): Shellbourne Road & Poplar Avenue, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 9/29/52 2:59 P.m.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Electrocuted while working on sewer system putting pipes in trench

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William Wantz (Degree or title)

ADDRESS: Baltimore, Maryland

DATE SIGNED: September 30, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-2-1952

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 10/2/52

REGISTRAR'S SIGNATURE: A. W. Fedrick

24. FUNERAL DIRECTOR: C. Howard Strong

ADDRESS: 3207 W. North Ave.,

51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Alhambra Apts.

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) (Katie) (Last) Fink
4. DATE OF DEATH: (Month) (Day) (Year) Sept. 15, 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 4, 1879
9. AGE last birthday: 73 yrs.
If under 1 year: Months; Days
If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Fink
14. MOTHER'S MAIDEN NAME: Elizabeth Pfaff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Elizabeth Glaser, 27 S. Morley St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	3 hrs
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Ht. Dis.	3 mos
	(c) Hypertension and arteriosclerosis	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia + Cerebral Hemorrh. — 1 month 2 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Sept 15, 1952, that I last saw the deceased alive on Sept 10, 1952, and that death occurred at 10 30 a. m., from the causes and on the date stated above.
SIGNATURE: Conrad Colleen (Degree or title) ADDRESS
DATE SIGNED 9/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 9-18-52
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 9-17-52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 2503 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:
County: BALTO Co
City or town: DUNDALK
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 MO
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MD County: BALTO
City or town: DUNDALK
(If outside city or town limits, write RURAL and give nearest town)
Street No. 8201 GUM TREE DRIVE
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: SALLIE M. FINK

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	

6.(b) Name of husband or wife: JOHN FINK
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): APRIL 13 - 1886

8. AGE: Years	Months	Days	If less than one day
66			hrs. min.

9. Birthplace: BALTIMORE (Town, county, and state)
10. Usual occupation: RETIRED - Housework
11. Industry or business: RETIRED

FATHER
12. Name: JOSEPH ROMISER
13. Birthplace: CUMBERLAND MD

MOTHER
14. Maiden name: LUSINDA KIRBY
15. Birthplace: CUMBERLAND MD

16. Informant: MRS MERRIAN CHESHIRE
Address: 8201 GUM TREE DRIVE

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof 9/9/52 (month) (day) (year)
Cemetery or crematory: MEADOW RIDGE
Location: WASH BLVD
18. Funeral director: Chas P. Towell
Address: 6417 Windsor Mill RD

Filed: Sept 10 1952 (Date rec'd by registrar) William M Kelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9/5-52 19 at 6 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 52 to Sept. 19 52 and that I last saw her alive on Sept. 5 52 19

Immediate cause of death	DURATION
Cerebral arterio-sclerosis with Hemi-paresis	10 yrs
Due to	
Due to	
Other conditions: Epidemic Decubiti Ulcers. (Include pregnancy within 3 months of death)	1 Month

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W Herbert Morrison M. D. or other
Address: Dundalk 22 Md Date signed: 6 Sept 52

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr W.H. MORRISON
3 Kinship Rd
Nw 2712

1957
1935 63

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson | LENGTH OF STAY (In this place): 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 509 Worcester Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 509 Worcester Rd

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) J. (Last) Fischer

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1952

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Aug 28 1878 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: House work
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter A. Franz
14. MOTHER'S MAIDEN NAME: Sarah J. Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Sarah V. Johanson 509 Worcester Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

234 X Immediate cause (a) Cerebral arteriosclerosis — 2 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

21 X (b)

(c) Generalized arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 15 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 50, to Sept 14, 19 52, that I last saw the deceased alive on Sept 14, 19 52, and that death occurred at 7:A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Frederick J. Wallner MD | 6105 York Rd Balto | 9-15-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Sept 17-52 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer | LOCATION (City, town, or county) (State): Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REG.: 9-16-52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Dippel Bros. 7110 Belair Rd

VS (ALT)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson-Stoneleigh; MARYLAND; LENGTH OF STAY (In this place) 7 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7118 Wardman Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson- Stoneleigh; STREET ADDRESS (If rural, give location) 7118 Wardman Road

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) R. (Last) Flautt

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-28-1878

9. AGE last birthday: 73 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail Shoe Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Shoe

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Calvin Flautt

14. MOTHER'S MAIDEN NAME: Jennie C. Rhoderick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-10-3511

17. INFORMANT: Mrs. Harry C. Flautt-7118 Wardman Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: 2 yrs

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐: —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9-49, to 9-20, 1952, that I last saw the deceased alive on 9-20, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Elmer Mooney, Md. — ADDRESS: 3105 Belair Rd — DATE SIGNED: 9-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9-24-52 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG.: Sept. 20, 1952 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS: C.E.Cline and Son- Frederick, Md.

RECEIVED
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MARYLAND; LENGTH OF STAY (In this place): Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3234 Joppa Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md; COUNTY: Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ; STREET ADDRESS (If rural, give location): 9519 Ridgely Ave

3. NAME OF DECEASED (Type or Print): (First) Hamilton Frank Sr. (Middle) (Last) HAMILTON FRANK SR.

4. DATE OF DEATH: (Month) Sept (Day) 1 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Sept 23 1897

9. AGE last birthday: 54 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Gas & Electric Co

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jos Frank

14. MOTHER'S MAIDEN NAME: — — —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 212-05-6271

17. INFORMANT: Mrs. Ruth Marll 3234 Joppa Rd Balto Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart disease, vascular; coronary occlusion	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Heart disease, vascular, angina pectoris	7 yrs
	(c) Hypertension	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

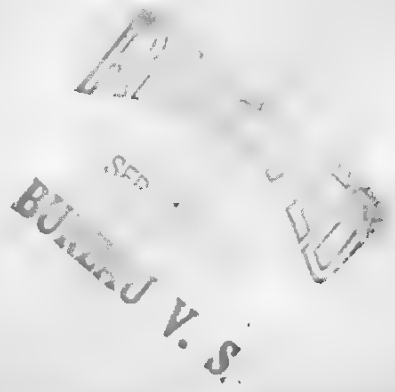
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at work ☐ Not while at work ☐; HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin C. Hudson (Degree or title) MD, DME. ADDRESS: Towson, Md DATE SIGNED: 9/1/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 9/3/52; NAME OF CEMETERY OR CREMATORY: Mt Christian Cem; LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: ; REGISTRAR'S SIGNATURE: ; 24. FUNERAL DIRECTOR: Sansalone Funeral Home; ADDRESS: 7401 Belair Rd



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 4902 Stafford St.

3. NAME OF DECEASED: (Type or Print) (First) Theodore (Middle) S. (Last) Frank

4. DATE OF DEATH: (Month) Sept. (Day) 1st (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) Widowed

8. DATE OF BIRTH: Aug 31st 1868

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY: City of Balto.

11. BIRTHPLACE (State or foreign country): Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Frank

14. MOTHER'S MAIDEN NAME: Susanna Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Tillie Hayden 4902 Stafford St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Arteriosclerotic C.V.D. — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Sept 1, 1952, that I last saw the deceased alive on Aug 31, 1952, and that death occurred at 6 3/4 A.m., from the causes and on the date stated above.

SIGNATURE J. Pound (DEGREE OR TITLE) M. D. ADDRESS 3325 Frederick Ave DATE SIGNED 9/2/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF 9/4/52 — NAME OF CEMETERY ~~OR CREMATORY~~ Mt. Olivet — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 9/3/52 — REGISTRAR'S SIGNATURE A.W. Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc — ADDRESS 1217 St. Paul St.

DMR

VS. 15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 5

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville

LENGTH OF STAY (in this place) 3 mo 21 da.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arcoteek

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Myrtle		Gibbons	Sept	18	1952

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	widow	11-15-77	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
dressmaker	clothing	New York	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Lyman Miller	Lorraine Ewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	unk.	Records Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Acute endocarditis fatal case	3 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	yrs.
	DUE TO (c) Generalized arteriosclerosis	yrs.
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing	senile arteriosclerotic nephrosclerosis	yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 6-14, 1952 to 9-18, 1952 that I last saw the deceased alive on 9-18, 1952 and that death occurred at 11:38 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Ethel B. Hermann-Grau M.D. Spring Grove State Hosp Catonsville 28 Md 9-18-52

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, Town, or County)	(State)
		University Medical School	Baltimore City	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-22-52	T E Harris	Mrs. Samuel T. A. Brady	5118 Belair Road

10/16/52 E.W. Hedrick — H. F. GASCH FUNERAL HOME

RECEIVED
SEP 24 1952
BUREAU V. S.

Item 9 Film 147 10/15/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-17

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) (Last) GIBBS

4. DATE OF DEATH: (Month) Sept. (Day) 15 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	U		60 ? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): N
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: X
14. MOTHER'S MAIDEN NAME: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: W

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) by hanging

9774 X

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Woods	Monumental-	Lansdowne, Md.	

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Sept. 15, 1952 m.		Found hanging in woods

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B. Fisher Chief Medical Examiner-700 Fleet St.-Balto. 2, Md. Sept. 16, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremated	Sept 19, 1952	Univ. of Md. Med. Sch.	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/6/52	A. N. Sadler Jr.	Undertakers Board of Maryland	

per: M. Crampton Secy.

OCT 6 1
BU U V. S

Item 9 Film 146 9/20/52 w.w

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 55

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, Md.
LENGTH OF STAY (in this place) 9 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
STREET ADDRESS (If rural, give location) 9530 Baltimore Ave.

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) A (Last) Griffin

4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-27-1896

9. AGE last birthday: 57 57 yrs
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Book-Binder

10b. KIND OF BUSINESS OR INDUSTRY: Printers

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph Andrews

14. MOTHER'S MAIDEN NAME: Susanna Whitcock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Records - Spring Grove Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

44 Y.
Immediate cause (a) Pulmonary congestion & edema
DUE TO Thrombosis int. Carotid a. right
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Cardiovascular Disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrous, left benign nephrosclerosis - cerebral infarction

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 19 52, to Sept 11, 19 52, that I last saw the deceased alive on Sept 11, 19 52, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Sara E. Bennett, M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Sept 15-1952

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. 9-12-52

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 - Ga Ave. N.W. Wash. D.C.

VS. A-10 (8-51)

SEP 15 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Halethope Balto. Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1900 Northeast Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto, Md. 363 S. Caroline St. Balto, Md.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe; STREET ADDRESS (If rural, give location) 1900 Northeast Ave ✓

3. NAME OF DECEASED (Type or Print): (First) Nelson (Middle) (Last) Griffen

4. DATE OF DEATH: (Month) Sept. (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb 1. 1902

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Dr Lemmel

11. BIRTHPLACE (State or foreign country): Elizabeth City N.C.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Griffen

14. MOTHER'S MAIDEN NAME: Sarah Bease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Gladys Lee 1826 N. Bond St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X

Immediate cause (a) Hemiplagia — Interval Between Onset and Death: 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Hemorrhage — "

(c) Hypertention

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19, 1952, to Sept 21, 1952, that I last saw the deceased alive on Sept 21, 1952 and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thos. D. Woolridge Sr. M.D. R.D. No 2 Elkridge 27 Md

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 9/25/52 — NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem — LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG. 9/25/52 — REGISTRAR'S SIGNATURE: A. W Lewis

24. FUNERAL DIRECTOR: Elroy Wilson — ADDRESS: 1700 Bounty Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place) 1 hr 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 3122 E University Pkway (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JOHN	FRANCIS	HART	9	17	19[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	married	July 3 1892	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
clerk	[illegible]	Oakland Md.	U. S. A.

13. FATHER'S NAME John F. HART

14. MOTHER'S MAIDEN NAME Mary Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Personal History - Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	8 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 8, 19 5[illegible], to Sept. 7, 19 5[illegible], that I last saw the deceased alive on Sept 16, 19 5[illegible] and that death occurred at 7:00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Milton B Kirk	M. D.	Eudowood Sanatorium, Towson 4, Maryland	

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
Removal	9/17/52	Oakland	Oakland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/17/52	A. W. Hedrick	Wm Cook Inc	1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 51

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15. 8-51

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Stoneleigh

LENGTH OF STAY (in this place) 2 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS 806 Forest Road.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 136 N. Hilton St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MARGUERITE · DARG · HAUGHEY

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 28 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: April 7. 1896

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Private Wife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Charles Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James J. Darg

14. MOTHER'S MAIDEN NAME: Jennie Trotter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: E. Jesse A. Haughey 136 N. Hilton St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

153X

Immediate cause (a) Adeno Carcinoma of Descending Colon — Interval between onset and death: 6 mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1952

19b. MAJOR FINDINGS OF OPERATION: Same

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 17 1952, to Sept. 28 1952, that I last saw the deceased alive on Sept. 27 1952 and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Lloyd E. Taylor M.D. 3902 Greenmount Ave. Baltimore Md. 9/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Oct 1-1952.

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 9/30/52

REGISTRAR'S SIGNATURE A. W. Tedrick Dnr

24. FUNERAL DIRECTOR ADDRESS John F. Teufel 5311 Edmondson Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto. R.D #6
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fitch Lane Box 503

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto. R.D #6
STREET ADDRESS (If rural, give location): Fitch Lane Box 503

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) M (Last) Hayes

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1952

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Nov. 10 1868 | 9. AGE last birthday: 83 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping | 11. BIRTHPLACE (State or foreign country): Kent Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (late) Steven Kendall | 14. MOTHER'S MAIDEN NAME: Annie Birch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Mrs. Wm. Ada Gerhold - Balto. R 6 Md. Fitch Lane Box 503

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of body of uterus — Interval between onset and death: 4 yr.

174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive - arteriosclerotic heart disease — 15 yr.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 17, 1952, to Sept 20, 1952, that I last saw the deceased alive on Sept 20, 1952, and that death occurred at 12:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Adam Gluvis M.D. | 623 Belair Rd. Balto 6, Md | Sept. 20, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept. 22 1952 | NAME OF CEMETERY OR CREMATORY: St. Vincent Cemetery | LOCATION (City, town, or county) (State): Near Fairfield Pa. Md.

DATE REC'D BY LOCAL REG.: Sept. 20, 1952 | REGISTRAR'S SIGNATURE: Mabel C. Gray | 24. FUNERAL DIRECTOR: Marvin V. Williams | ADDRESS: Baltimore Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke City
STREET ADDRESS (If rural give location): RFD #1, Box 62

3. NAME OF DECEASED: (First) STEVENSON (Middle) W. (Last) HAYWARD
4. DATE OF DEATH: (Month) September (Day) 10 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 7/31/94
9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Somerset County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Hayward
14. MOTHER'S MAIDEN NAME: Hester Yart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin,Rec.,Vet.Adm.Hosp.Fort Howard, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44-X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 15 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease — Interval Between Onset And Death: Unknown
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 26, 1952 to Sept. 10, 1952 and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE: FGDickey (Degree or title) FRANCIS G. DICKEY, M.D. — ADDRESS: VAH, Fort Howard, Maryland — DATE SIGNED: 9/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF — NAME OF CEMETERY OR CREMATORY: Tennley's Chapel — LOCATION (City, town, or county) (State): Pocomoke City, Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 14-52 — REGISTRAR'S SIGNATURE: Dawson L. Harbin

24. FUNERAL DIRECTOR — ADDRESS: Wharton & Savage Funeral Home, New Church, Virginia

VS. A15

RECEIVED
1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County Baltimore
City or town Reisterstown Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? December 16, 1951
Hospital, institution, or street address where death occurred: Mt. Pleasant Hospital
How long in hospital or institution? December 16, 1951

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3921 Ridgewood Ave
(If rural, give LOCATION)
2.(a) If veteran, name war. .....

3. (a) FULL NAME HARRY HOFFMAN

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: Mildred Hoffman
6.(c) If alive, give age: 35 years
7. Birth date of deceased (mo., day, yr.): May 7, 1913
8. AGE: Years: 38 Months: 4 Days: 22 If less than one day: ....hrs. ....min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual occupation: Taxi Driver
11. Industry or business:
FATHER 12. Name: Samuel Hoffman
13. Birthplace: Russia
MOTHER 14. Maiden name: Dora Fisher
15. Birthplace: Russia
16. Informant: Mildred Hoffman
Address: 3921 Ridgewood Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-30-52 (month) (day) (year)
Cemetery or crematory: Mt Carmel
Location: Balto Md
18. Funeral director: Jack Lewis Inc
Address: 1100 Eutaw Place
19. 9/30/52 19.... Asa Hedrick Dir (Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 29, 52 at 6:25 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 16, 19 51 to September 29, 19 52
and that I last saw h.. alive on September 29, 19 52
Immediate cause of death: Myocardial failure — DURATION: 4 months
Due to: Myocardial Insufficiency
Due to: Pulmonary Tuberculosis — DURATION: Since 1942
Other conditions: 002X
(Include pregnancy within 3 months of death)
Major findings of operations: ..... Date of op. .....
Autopsy results: No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE C. Brodrick M.D. M. D. or other
Address Reisterstown, Md Date signed 8-25-52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 35 W. Preston Street

3. NAME OF DECEASED: (First) JOHN (Middle) T. (Last) HUMPHREYS
4. DATE OF DEATH: (Month) September (Day) 15 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 5-24-94
9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Printer
10b. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (State or foreign country): Albamarle City, Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Humphreys
14. MOTHER'S MAIDEN NAME: Fannie Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY No.: 161-18-8904
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5547

Immediate cause (a) OBSTRUCTION OF THE COMMON BILE DUCT AND COMMON PANCREATIC DUCT IN AMPULLA FROM UNKNOWN SOURCE (PROBABLY STONE DISLODGED AFTER OPERATION)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-12-52
19b. MAJOR FINDINGS OF OPERATION: Exploration of common bile duct and cholecystojejunostomy
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept.3 ,1952, to Sept.15 , 1952, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

SIGNATURE: William B. VanDegrift (Degree or title) ADDRESS: WILLIAM B. VANDEGRIFT, M. D., VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 9-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/18/52
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9/18/52
REGISTRAR'S SIGNATURE: A. A. Hedrick

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Rd. Baltimore, Md.
Mildred T Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A25

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shady Nook Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 7 Holmehurst Ave.

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) H. (Last) JAMISON

4. DATE OF DEATH: (Month) Sept. (Day) 17 (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S...?

8. DATE OF BIRTH: 4 - 3 - 7[illegible]

9. AGE last birthday: 80 87 yrs.

If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): secretary

10b. KIND OF BUSINESS OR INDUSTRY: Welfare

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Jamison

14. MOTHER'S MAIDEN NAME: Arnie C. Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. W. Edwin Saylor-7 Holmehurst Ave. Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia Terminal — Interval between onset and death: 4 [illegible]

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) [illegible] — [illegible]
(c) Hypertension — [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS: [illegible] DATE SIGNED: 9/1[illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 9/19/52 | NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem. | LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG: 9/18/52 | REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR: Wm. H. Ickner & Sons. | ADDRESS: Balto 17, Md.

Former Address 703 E. 33rd St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hastings Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ephrata
STREET ADDRESS (If rural, give location) Lamplighter Rd V
IANN U S C H

3. NAME OF DECEASED (Type or Print): (First) Caroline (Middle) W. (Last) Jamison

4. DATE OF DEATH: (Month) Sept (Day) 24 (Year) 52 19

5. SEX F | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Oct 23 1871 | 9. AGE Last Birthday 80 yrs. | If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Germany | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm.

14. MOTHER'S MAIDEN NAME Caroline Herpich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Edwards Hastings Home Lamplighter Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio - Sclerotic Heart Disease — 7 yrs.

4200 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio - Sclerosis. — 5 yrs.

(c) Broncho - Pneumonia — 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Sept 24 1952, that I last saw the deceased alive on Sept. 24, 1952, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE Earl L. Chambers (Degree or title) M.D. ADDRESS 4108 Liberty Hts. Ave DATE SIGNED Sept. 25-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9/27/52 | NAME OF CEMETERY OR CREMATORY Mt. Carmel | LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. 9/26/52 | REGISTRAR'S SIGNATURE L. W. Hedrick | 24. FUNERAL DIRECTOR Albert Adelmann ADDRESS 6067 Harf. Rd

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard, Md.
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 734 Penna. Ave., B

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) ELBERT (Last) JONES

4. DATE OF DEATH: (Month) SEPT. (Day) 7 (Year) 1952

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5/18/98

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): St. Michaels, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Jones

14. MOTHER'S MAIDEN NAME: Lottie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW 11

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin. Rec., Vet Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

0024

Immediate cause (a) PULMONARY TUBERCULOSIS — Interval Between Onset and Death: Unknown

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Aug. 14, 1952, to Sept. 7, 1952, [illegible] and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE WILLIAM B. VA. DEGRIFT, M.D. — (DEGREE OR TITLE) — ADDRESS VAH, Fort Howard, Maryland — DATE SIGNED 9/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 9/10/52 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9/15/52 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR — ADDRESS Adolphus Halstead, 918 Druid Hill Ave., Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 64

CERTIFICATE OF DEATH

Reg. Dist. No. 5C

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Fort Howard,
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 843 Edmondson Ave.,

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) (NMI) (Last) JORDAN

4. DATE OF DEATH: (Month) (Day) (Year) September 3, 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/3/10

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farm Mgr.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burgaw, N.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward

14. MOTHER'S MAIDEN NAME: Callie Tate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 215-03-7127

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
1a Immediate cause	(a) PERINEUROFIBROSARCOMA, LEFT SCIATIC NERVE	
DUE TO	WITH METASTASES TO BOTH LUNGS	3 yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) PHTHISIS	6 mos.
DUE TO		
(002 X)	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 52 to Sept. 3, , 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE JOHN T. BRACKIN, JR., M.D. (Degree or title) ADDRESS VAH, Fort Howard, Maryland DATE SIGNED 8/9/3/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9/5/52 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Burgaw, North Carolina

DATE REC'D BY LOCAL REGISTRAR 9/5/52 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Arlington Phillips, 1808 N. Monroe Street Baltimore, Maryland

M

I

MARGIN RESERVED FOR BINDING - PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 21 Film G147 10-17-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vernon — LENGTH OF STAY (In this place): White Hall RD
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vernon
STREET ADDRESS (If rural, give location): White Hall RD

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Leroy	Kerr	9	27	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	March 3 1940	12 yrs.	6	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
School boy		Baltimore City	U S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Mary Kerr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mary Troyer White Hall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Hemorrhage into Rt. Chest and Abdomen	
917.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shotgun wound Rt. Chest	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	home	as above		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		Accident

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William V Leonard	M.D. Asst. Medical Examiner		9-28-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 30-52	Stablers	White Hall, Balto. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 29, 1952	Mrs Howard S. Mashburn	Martin G Kurtz	Jacksonville Md

OCT
BUREAU V.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3315 Woodstock Ave.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Dasch (Last) Kinnear

4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 5-22-1875

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Dasch

14. MOTHER'S MAIDEN NAME: Eliza Lentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

172.X

Immediate cause (a) Cachexia due to generalized carcinoma — Interval between onset and death: 4 mos.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Carcinoma of body of uterus — Unk.

~~DUE TO~~ (c) Arteriosclerotic heart disease — Unk.

Arteriosclerosis, generalized.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 19 52, to 9-18, 19 52, that I last saw the deceased alive on 9-18, 19 52, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Louis L. Woodward, M.D. Spring Grove State Hosp., Catonsville 9-18-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 9/22/52

NAME OF CEMETERY OR CREMATORY OAKLAWN CEM

LOCATION (City, town, or county) BALTO (State) MD

DATE REC'D BY LOCAL REG. September 20 1952

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR R.J. Fluck

ADDRESS 5305 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AR

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Platium Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex Md.
STREET ADDRESS (If rural, give location) Essex Balt

3. NAME OF DECEASED (Type or Print): (First) Petronia (Middle) Klanavitch (Last)

4. DATE OF DEATH: (Month) 9 (Day) 2 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 6-9-09

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Joseph P. Klanavitch- 812 Platium Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage, required — 1 days

1"/1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized metastatic Carcinoma — 1 year

(c) Carcinoma of Cervix — 1 1/2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN) Essex (COUNTY) Balto (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1951, to Sept, 1952, that I last saw the deceased alive on August 10, 1952, and that death occurred at 6 1/2 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Eugene P. Shanahan MD ADDRESS: 413 Eastern Ave, Essex, Md DATE SIGNED: Sept 3, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-4-52 — NAME OF CEMETERY OR CREMATORY: Sacred Heart — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 9/3/52 — REGISTRAR'S SIGNATURE: A.W. Redinger

24. FUNERAL DIRECTOR — ADDRESS: Lilly & Zeiler, Inc. 403 S. Wolfe Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 819 S. Marlyn Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural, give location) 819 S. MARLYN AVE.

3. NAME OF DECEASED (Type or Print): (First) Anthony (Middle) (Last) Klarich (KLARICH)

4. DATE OF DEATH: (Month) Sept. (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 13-1875

9. AGE last birthday: 77 yrs. If under 1 year: Months 3 Days 4 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: At Sea

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? British

13. FATHER'S NAME: Matteo Klarich

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Anna Klarich (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malnutrition + Inanition — Interval Between Onset and Death: 2 years

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to recurrent Carcinoma Stomach

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 16 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

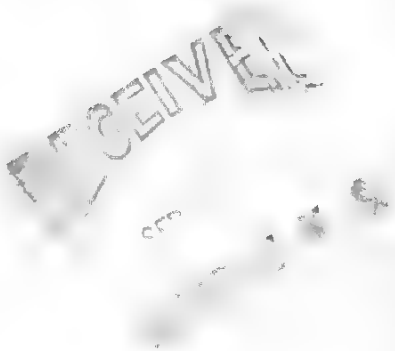
22. I hereby certify that I attended the deceased from July, 1951, to Sept., 1952, that I last saw the deceased alive on Sept. 16, 1952, and that death occurred at 9:00 P. a.m., from the causes and on the date stated above.

SIGNATURE: Tom. P. Rodgers (Degree or title) M.D. ADDRESS 815 Eastern Ave. DATE SIGNED 9-17-52

23. BURIAL, CREMATION REMOVAL (Specify): Cremated — DATE THEREOF Sept. 20-52 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town or county): Eastern Blvd. (State): Md.

DATE REC'D BY LOCAL REG.: Sept. 19, 1952 — REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR: Thos. J. Connelly — ADDRESS: Essex



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS The Wayne Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 954 N. Chester Street

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Kline

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 14, 1869

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Camden - New Jersey

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Patrick J. Moore

14. MOTHER'S MAIDEN NAME: Mary Lynn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: George F. Kline Sr. - 1505 N. Road St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute & Chronic Congestive Heart Failure

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Degenerative Myocarditis.

(c) Generalized Arteriosclerosis.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Varicosities Lower Extremities Bilat with edema Ulceration

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to 18 Sept, 1952, that I last saw the deceased alive on 16 Sept, 1952, and that death occurred at 1:45 A. m., from the causes and on the date stated above.

SIGNATURE: J. E. McGrath (Degree or title) M.D. ADDRESS 1701 Edmondson Ave. Baltimore Md DATE SIGNED 9/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-22-52

NAME OF CEMETERY OR CREMATORY: Baltimore Cem.

LOCATION (City, town, or county) (State): North Ave. - Balto. Md.

DATE REC'D BY LOCAL REG.: 9/19/52

REGISTRAR'S SIGNATURE: H. W. Redmond Dep R.

24. FUNERAL DIRECTOR ADDRESS: John C. Miller Inc. 2435 E. Oliver St.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Essex
LENGTH OF STAY (in this place): 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1108 E. Homberg Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Essex
STREET ADDRESS (If rural give location): 1108 E. Homberg Avenue

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) J. (Last) KOCYAN

4. DATE OF DEATH: (Month) September (Day) 27, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 3,1888

9. AGE Last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Proprietor

10b. KIND OF BUSINESS OR INDUSTRY: Electric Contractor

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Kocyan

14. MOTHER'S MAIDEN NAME: Maryanna Kot

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Pelagia Kocyan, 1108 Homberg Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 433.1 (a) Coronary occlusion — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Sept 27, 1952, that I last saw the deceased alive on Sept 27, 1952, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jno Baumgardner MD — ADDRESS: Balto 6 Md — DATE SIGNED: 9/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/1/52 — NAME OF CEMETERY OR CREMATORY: Sacred Heart — LOCATION (City or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9/30/52 — REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: M.F. SADOWSKI & SONS, 1808 Eastern Avenue

DMK Charles D. Sadowski

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HAROLD (Middle) (Last) [illegible]SKEY

4. DATE OF DEATH: (Month) 7 (Day) 24 (Year) 19[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	[illegible]	[illegible] yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	[illegible]	[illegible]

13. FATHER'S NAME: Stanislaus Mysgelowski
14. MOTHER'S MAIDEN NAME: Justine Jedrzalski
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchial Pneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	5 yrs
	(c) Gangrene Right Foot	2 mos

450.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from July 1, 1951, to Sept 24, 1952, that I last saw the deceased alive on Sept 24, 1952, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]		5204 [illegible]	9/24/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	SEPT 27-1952	ST. STANISLAUS	1300 DUNDALK AVE

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/26/52	A. W. Hedrick	George A. Weber	905 [illegible] Ave

J1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 34

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Mason

LENGTH OF STAY (in this place) 7-24 to 9-17

HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenmore

STREET ADDRESS (If rural give location) 2837 Maudlen Ave. Balto 30, Md.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Frank	ORANGE	Larrimer	9	17	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	wid.	Dec. 11, 1879	72 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Engineer	Railroad	Ohio	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Larrimer	Angelina Radford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
yes	Spanish Am.	705-05-5135	Personal History, Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) PULMONARY HEMORRHAGE	5 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO FAR ADVANCED BILATERAL PULMONARY TUBERCULOSIS	2 years
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24, 19 52 to 9-17, 1952, that I last saw the deceased alive on 9-17, 19 52 and that death occurred at 7 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Milton B. Kress M.D.	Eudowood Sanatorium – Towson, Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	9/20/52	Green Mount Crem.	Balto., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/19/52	Dan. Holmes	Wm. J. Wickner & Sons	Balto 17, Md.

Duke

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowleys Quarters
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 15, Box 315 C.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowleys Quarters
STREET ADDRESS (If rural, give location): Route 15 Box 315 C.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) M. (Last) Leicht

4. DATE OF DEATH: (Month) Sept. (Day) 1, (Year) 1952

5. SEX: Feamel

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 23, 1894

9. AGE last birthday: 57 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gottleib Schock

14. MOTHER'S MAIDEN NAME: Marie Fitzenmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wm. P.E. Leicht Tr. 15, Box 315 C. Bowleys Quarters

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of lung possibly metastatic — Cmos.

1710X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma breast, surgically removed. — 10y.

19a. DATE OF OPERATION: 1942

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to Sept 1, 1952, that I last saw the deceased alive on Aug 31, 1952, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE: Joseph Shea (Degree or title) M.D. ADDRESS: 805 Bowleys Ave Balto 20 Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept. 5, 1952 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): Colgate, Md.

DATE RECD BY LOCAL REG.: 9-4-52 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Ullrich Funeral Home — ADDRESS: 2008 Orleans St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1221 Spring Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
STREET ADDRESS (If rural, give location) 1221 Spring Ave.

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) C. (Last) Limmer

4. DATE OF DEATH (Month) Sept (Day) 27 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (SEPARATED) Married

8. DATE OF BIRTH Jan 8 - 1875

9. AGE last birthday 77 yrs. If under 1 year Months ... Days ... If under 24 hrs. Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Barnickel

14. MOTHER'S MAIDEN NAME Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mr. Joseph L. Limmer - Spring 1221

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Stomach — 2 yrs.

15M Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION July 1951

19b. MAJOR FINDINGS OF OPERATION Carcinoma

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1st, 1952, to Sept. 27, 1952, that I last saw the deceased alive on Sept. 27, 1952, and that death occurred at 2:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James F. White M.D. ADDRESS 432 Eastern Ave Baltimore 2, Md. DATE SIGNED 9/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 9-30-52 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REG. 9/29/52 — REGISTRAR'S SIGNATURE A.W. Fedrick Dep.

24. FUNERAL DIRECTOR L.J. Kuck — ADDRESS 5305 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1B 8-52

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cockeysville
LENGTH OF STAY (In this place) 15 mons
HOSPITAL OR INSTITUTION OR STREET ADDRESS Noah's Ark Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Green (Last) Maffitt

4. DATE OF DEATH: (Month) Sept. (Day) 26 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 21 June 1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Trenton, New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Green

14. MOTHER'S MAIDEN NAME: Augustine L. Scudder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Margaret Atwood Riderwood Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac Decompensation — Interval Between Onset and Death: 4 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic Cardiovascular disease Uncertain

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Sept, 19 52, to 26 Sept, 19 52, that I last saw the deceased alive on 25 Sept, 19 52, and that death occurred at 4:40 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Walter T. Kerr M.D. Cockeysville 26 Sept. 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Sept. 27 1952 — NAME OF CEMETERY OR CREMATORY North East Methodist Cem. — LOCATION (City, town, or county) North East, Cecil Co. (State) Md.

DATE REC'D BY LOCAL REG. 29 September 1952 — REGISTRAR'S SIGNATURE Annie Armistead MacRae

24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. — ADDRESS

RECEIVED
SEP

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 48 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 721 E. Preston Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) JOSEPH (Last) MAGNESS

4. DATE OF DEATH: (Month) (Day) (Year) September 14 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4-10-86

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Musician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William A. Magness

14. MOTHER'S MAIDEN NAME: Clara Heartlove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 071-12-4408

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HYPERTENSIVE CARDIOVASCUIAR DISEASE — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1952, to Sept. 14, 1952, that I last saw deceased alive on and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 9-15-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/16/52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9/16/52 — REGISTRAR'S SIGNATURE: H. W. Adrian

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Rd. Baltimore, Md.

Howard J Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

19277

Reg. Dist. No. 38

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Parkville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2917 Willoughby Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2917 Willoughby Avenue

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) G. (Last) Mansperger
4. DATE OF DEATH: (Month) Sept. (Day) 22, (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: Aug. 16, 1890
9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter, Balto.
10b. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adolph Mansperger
14. MOTHER'S MAIDEN NAME: Rosina Almindinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-03-2535
17. INFORMANT AND ADDRESS: Mrs. Mary A. Mansperger, 2917 Willoughby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 Mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Asthma

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19.52, to Sept., 19.52, that I last saw the deceased alive on Sept 22, 1952, and that death occurred at 3.18 P. m., from the causes and on the date stated above.

SIGNATURE: Hawk & H Burns (Degree or title) MD ADDRESS 115 E Eager St 2 DATE SIGNED 9-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/24/52 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9/24/52 | REGISTRAR'S SIGNATURE: A. W. Bekert

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road.

Dr. Burns
2823 W. Linwood Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Texas
LENGTH OF STAY (in this place): 2 yr. 10 mo. 8 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Turners Station
STREET ADDRESS (If rural, give location): 407 New Pittsburgh Ave

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Matthews

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	Colored	married	apr. 15, 1890	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Bldg.	Virginia	U.S.A.

13. FATHER'S NAME: Westley Matthews
14. MOTHER'S MAIDEN NAME: Anna - ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Elizabeth Matthews 1566. 2nd St. New York N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral thrombosis	4 days.
443X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - hypertensive cardiovascular disease	yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal bronchopneumonia — 2 days.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. ....., 1951., to Sept 1, 1952, that I last saw the deceased alive on Sept. 1, 1952, and that death occurred at 10 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elizabeth B. Sherrill, M.D. — ADDRESS: Cockeysville, Md. — DATE SIGNED: 9/2/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	sept 4 52	Mt Carmel	A.A. County	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 2 52	Wm J. Chilcoat	Adolphus Halstead	918 Druid Hill Ave - Md.

SEP 4
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chase
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chase
STREET ADDRESS (If rural, give location): Eastern Ave. & Ebenezer Rd

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Mary (Last) McAndrew

4. DATE OF DEATH: (Month) Sept (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 26 - 86

9. AGE last birthday: 66 yrs. — If under 1 year: Months 1 / Days 29 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Phila, Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Pearson

14. MOTHER'S MAIDEN NAME: Sarah Ann Galbreath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: William McAndrew, Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	12 hrs
X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	2 yrs
	(c) Urticaria	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN):
(COUNTY):
(STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1952, to Sept 24, 1952, that I last saw the deceased alive on Sept 24, 1952, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE: G M Baumgardner (Degree or title) M.D. ADDRESS: Balto 6 Md DATE SIGNED: 9/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept. 26-52
NAME OF CEMETERY OR CREMATORY: Moreland Memorial
LOCATION (City, town, or county) (State): Taylor Ave - Balto Md

DATE REC'D BY LOCAL REG.: 9/24/52
REGISTRAR'S SIGNATURE: A W Hudson
24. FUNERAL DIRECTOR: John G. Connelly
ADDRESS: Essex

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (In this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Old Court Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 6 Old Court Rd

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) H. (Last) McCoy
4. DATE OF DEATH: (Month) 9 (Day) 14 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 8-9-1888
9. AGE last birthday: 64 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry B. McCoy
14. MOTHER'S MAIDEN NAME: Cassandra Morgan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-10-9916
17. INFORMANT AND ADDRESS: Helen Calla McCoy - 6 Old Court Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary Thrombosis	2 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerosis	(?)
(c)	Hypertensive Cardiovascular Disease	(?)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — year (?)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 48, to Sept 13, 19 52, that I last saw the deceased alive on Sept 14, 19 52, and that death occurred at 2:20 p.m., from the causes and on the date stated above.
SIGNATURE: Louis Dahman (Degree or title) M.D. ADDRESS Pikesville 8, Md DATE SIGNED 9/15/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9-16-52 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) (State) Frederick Rd. Balto
DATE REC'D BY LOCAL REG. 9-15-52 | REGISTRAR'S SIGNATURE Dr Ellis Mahoney
24. FUNERAL DIRECTOR Garnett Nevitt Pikesville ADDRESS Md

Former Address Inglewood Cal.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location) 6811 Campfield Rd

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E. W. (Last) McQuade

4. DATE OF DEATH (Month) Sept (Day) 29 (Year) 19 52

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 10/26/1873 | 9. AGE last birthday 78 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Balto Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Clement

14. MOTHER'S MAIDEN NAME Anna M. Dallmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Records Augsburg Home Campfield Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 5 yrs.

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to Sept 29 1952, that I last saw the deceased alive on Sept 26, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: Earl L. Chambers, M.D. (Degree or title) ADDRESS 4108 Liberty Hts. Baltimore 7 - Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9/29/52 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) Wpks Md (State)

DATE REC'D BY LOCAL REG. 10/1/52 | REGISTRAR'S SIGNATURE A. W. Hodnett Asst. | 24. FUNERAL DIRECTOR Paul F. Neumann | ADDRESS 6067 Belair Rd

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Delight Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural give location) 8 Delight Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) LENETTE F. MEEKS

4. DATE OF DEATH (Month) (Day) (Year) Sept. 17th 1952

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH July 13, 1876

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John A. Asher

14. MOTHER'S MAIDEN NAME Mary McKinley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ____)

16. SOCIAL SECURITY NO. none

17. INFORMANT Mr. Ernest W. Humphreys

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 3 days

420 0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, arteriosclerotic heart disease — 15 yr.

(153X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Sigmoid — 2 yr.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 19 52, to Sept 17, 19 52, that I last saw the deceased alive on Sept. 17, 19 52, and that death occurred at 2:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Adam G. Lewis M.D. 6232 Belair Road Sept. 17, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Sept. 20, 1952 | NAME OF CEMETERY OR CREMATORY Moreland Memorial Park | LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. Sept. 19-'52 | REGISTRAR'S SIGNATURE Mrs. A. L. Reifsnider | 24. FUNERAL DIRECTOR Lauraine Funeral Home | ADDRESS 7401 Belair Rd.

SEP 23 1982

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28 -; LENGTH OF STAY (in this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 52 Glenwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville # 28; STREET ADDRESS (If rural give location) 52 Glenwood Ave.

3. NAME OF DECEASED (Type or Print): (First) Byrne (Middle) (Last) McBzatesta

4. DATE OF DEATH: (Month) Sept - (Day) 24 - (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March - 7 - 1883

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Steel Industry

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): no

16. SOCIAL SECURITY No.: 276-03-6524

17. INFORMANT: Mrs. Emily Blanton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ARTERIOSCLEROTIC CARDIOVASCULAR

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) DISEASE — 3+ months

422.1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1952 to 9/24, 1952, that I last saw the deceased alive on 9/24, 1952 and that death occurred at 10 40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Max S Rauch M. D. 3629 Edmondson Ave, Balto, Md 9/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE THEREOF: 9/29/52 | NAME OF CEMETERY OR CREMATORY: Calvary - | LOCATION (City, town, or county) (State): Toledo - Ohio

DATE REC'D BY LOCAL REG. 9/25/52 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS: Frank Dellavoce 322 S High St

JT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 84 3D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4305 York Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mathilda (Middle) Matthews (Last) Miller

4. DATE OF DEATH: (Month) 9 (Day) 2 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): D

8. DATE OF BIRTH: May 1871

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Slicer Wheeler

14. MOTHER'S MAIDEN NAME: Rachel (last name unknown)

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atherosclerosis of coronary arteries — unk

Antecedent cause(s) DUE TO (b) Pulmonary congestion & edema — 12 da.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Benign Hypertensive Heart disease — unk

42, 3

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-, 1952, to 9-2, 1952, that I last saw the deceased alive on 9-2, 1952, and that death occurred at 9:40 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Louis T. Woodward M.D. Spring Grove State Hospital 9-2-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept. 5th 1952
NAME OF CEMETERY OR CREMATORY Dover M.E. Church
LOCATION (City, town, or county) (State) Dover Md

DATE REC'D BY LOCAL REG. 9-4-52
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS
Leo G. Leach 1701-03 Patterson Park Ave

VS-A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-54

1. PLACE OF DEATH: COUNTY Parkville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Clarksworth Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 812 Clarksworth Place

3. NAME OF DECEASED (Type or Print): (First) John (Middle) D. (Last) Munter JR

4. DATE OF DEATH: (Month) Sept (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 16-1905

9. AGE last birthday: 46 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Parcel Post Station

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John D. Munter Sr.

14. MOTHER'S MAIDEN NAME: Lilian Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Grace N. Munter, same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, vascular, coronary occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rollin S. Hudson (Degree or title) M.D. D.M.E. ADDRESS Towson Md DATE SIGNED 9/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/8/52
NAME OF CEMETERY OR CREMATORY: Parkwood
LOCATION (City, town, or county) (State): Balto, Md

DATE REC'D BY LOCAL REG. 9/5/52
REGISTRAR'S SIGNATURE Rollin S. Hudson
24. FUNERAL DIRECTOR: L J Tuck
ADDRESS: 5305 Harford Rd

Done

286

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
LENGTH OF STAY (In this place): 6 MOS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7829 WISE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: W. VA. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MORGANTOWN
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HANNAH	ELIZABETH	MURRAY	SEPT	6	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	AUG 1865?	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
AT HOME		WEST VIRGINIA	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS MURRAY	MARY HART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NONE	MRS. EVELYN LEWIS 7829 WISE AV

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pulmonary Embolism	10 min.
151X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach	1 yr.
(c) Generalized Arteriosclerosis	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug., 1951, to Sept., 1952; that I last saw the deceased alive on Sept 6, 1952, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Munro	MD	520 D St SW	9/8/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
REMOVAL	SEPT. 9, 1952	NICHOLSON	MORGANTOWN	W. VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 8-1952	William M. Kelly Jr.	ULLRICH FUNERAL HOME	212 DUNDALK

SEP 9
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (In this place) 15
HOSPITAL OR INSTITUTION OR STREET ADDRESS 310 Magnolia Ter.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Dean (Last) Norton
4. DATE OF DEATH: (Month) Sept (Day) 7 (Year) 52
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: May 28 1886
9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Johnston, Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wm. Winfield Wright
14. MOTHER'S MAIDEN NAME: Susan Victoria Deane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Victoria Herpell (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate

Antecedent cause(a) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes — 24 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): 9-7-52 5 A m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W. Marmion M.D. (Degree or title): Deputy Medical Examiner ADDRESS: Balto. Co. Dundalk 22 Md. DATE SIGNED: 9/7/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: Sept. 9-52
NAME OF CEMETERY OR CREMATORY: Sunset Cemetery
LOCATION (City, town, or county): Sunset (State): Georgia
DATE REC'D BY LOCAL REG. 9/8/52
REGISTRAR'S SIGNATURE: A. W. Dessner
24. FUNERAL DIRECTOR: Jno. F. Connelly ADDRESS: Econ

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS—A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Catonsville
LENGTH OF STAY (In this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ~~BALTIMORE~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 29
STREET ADDRESS (If rural, give location): 146 S. Culver St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Adam (Last) O'Connor

4. DATE OF DEATH: (Month) 9 (Day) 6 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 8-5-1870

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer

10b. KIND OF BUSINESS OR INDUSTRY: → Can-maker

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael O'Connor

14. MOTHER'S MAIDEN NAME: Dorothy Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Pernicious Anemia	unk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerotic Heart Disease	unk.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-28, 1952, to 9-6, 1952, that I last saw the deceased alive on 9-6, 1952, and that death occurred at 5:55 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Lewis T. Woodward, M.D. Spring Grove State Hosp. Catonsville Md. 9.6.52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/9/52 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cem. — LOCATION (City, town, or county) (State): Ilchester, Md.

DATE REC'D BY LOCAL REG. 9-8-52 — REGISTRAR'S SIGNATURE: V.E. Harris — 24. FUNERAL DIRECTOR — ADDRESS: Easton Sons Catonsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AL

1 PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3845 Monterey Road

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) M. (Last) ORTMAN

4. DATE OF DEATH: (Month) September (Day) 23 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-12-94

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR (Months) (Days) IF UNDER 24 HRS. (Hours) (Min.)

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William G. Ortman

14. MOTHER'S MAIDEN NAME: Mary Struckman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	MYOCARDIAL INFARCTION	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	ARTERIOSCLEROSIS OF CORONARY ARTERIES WITH OCCLUSION	UNKNOWN
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept.13, 1952, to Sept.23, 1952, [illegible] and that death occurred at 6:15 A.M., from the causes and on the date stated above.

WILLIAM B. VANDEGRIFT, M. D. (Degree or title) — VAH, FORT HOWARD, MARYLAND (ADDRESS) — DATE SIGNED 9-23-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/26/52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9/24/52 — REGISTRAR'S SIGNATURE: a. W. Ardrey

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Rd. Baltimore 14, Md.

Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4407 Hillside Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 4407 Hillside Ave.

3. NAME OF DECEASED: (First) Francis (Middle) W. (Last) Pierce
4. DATE OF DEATH: (Month) Sept. (Day) 26, (Year) 1952.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	White	Widowed	Nov. 16, 1864	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Receiving Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Fruit
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Pierce
14. MOTHER'S MAIDEN NAME: Susan —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Lillian Tilson, 4407 Hillside Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (17 X) (b) advanced age
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Prostate Gland — 2 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19....., to 9-26-52, 19.62, that I last saw the deceased alive on 9-26-52, 19....., and that death occurred at 11 P.M. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Norm B. Schreiber MDD 548 S. Fulton Ave 9-29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Sept. 29 52 — NAME OF CEMETERY OR CREMATORY Loudon Pk. — LOCATION (City, town, or county) (State) Baltimore, Md

DATE RECD BY LOCAL REG. 9/29/52 — REGISTRAR'S SIGNATURE D.W. Medus DMK — 24. FUNERAL DIRECTOR Harry A. Wuttke — ADDRESS 4101 Edmondson ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, Md.
LENGTH OF STAY (in this place) 13 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet. Adm. Hosp. Fort Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3127 O'Donnell Street

3. NAME OF DECEASED: (Type or Print) (First) ANTHONY (Middle) P (Last) POLANOWSKI

4. DATE OF DEATH: (Month) September (Day) 2 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-12-97

9. AGE last birthday: 55 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Polanowski

14. MOTHER'S MAIDEN NAME: Josephine Barczak

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: CLIN. REC. VET. ADM. HOSP. FORT HOWARD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
4. Immediate cause	(a) ARTERIOSCLEROTIC HEART DISEASE WITH	Unknown
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) DECOMPENSATION MYOCARDIAL INFARCTION	Unknown
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20-52, to 9-2-52, 19 52, that ~~I last saw the deceased alive on~~ and that death occurred at 7:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) PAUL GOTSES, M.D. ADDRESS Paul Gotses DATE SIGNED 9/2/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept. 8-1952 NAME OF CEMETERY OR CREMATORY St. Stanislous LOCATION (City, town, or county) (State) Dundalk Ave. Balto, Md.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS William Fialkowski 2007 Eastern Ave. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4P

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-T

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 635 S. Avondale Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22 Md
STREET ADDRESS (If rural, give location) 635 S. Avondale Rd.

3. NAME OF DECEASED: (Type or Print) (First) Georgiana (Middle) Bridget (Last)

4. DATE OF DEATH: (Month) September (Day) 8, (Year) 1952

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 18, 1952

9. AGE last birthday: 0 yrs. — IF UNDER 1 YEAR: Months 2, Days 14 — IF UNDER 24 HRS.: Hours 7, Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Dundalk 22 Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mother - 635 S. Avondale Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
752X Immediate cause	(a) Respiratory Failure	4 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Broncho-pneumonia	2 days
	(c) DUE TO Hydro-cephalus	10 weeks

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1952, to Sept. 8, 1952, that I last saw the deceased alive on Sept. 8, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) William A. Slade M.D. — ADDRESS 140 Oak Avenue, Dundalk 22 Md. — DATE SIGNED 9-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF 9-9-52 — NAME OF CEMETERY OR CREMATORY Mt. Auburn — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 9/10/52 — REGISTRAR'S SIGNATURE A W Kreiner

24. FUNERAL DIRECTOR C. R. Law — ADDRESS 806 Madison Ave

1062172406

PHONE DUNDALK 173D

WILLIAM C. WADE, M. D.
140 OAK AVENUE
BALTIMORE 22, MD.

June 18, 1954

This child has an enlarged head, blond & shows characteristics of a pituitary dysfunction.
The infant was not expected to survive. Was hospitalized (J.H.H.) for diagnosis, treatment and recommendations.

Wm C Wade M.D.

PS. Child was discharged & died within 2 days after discharge from hospital.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklinville | LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Franklinville Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklinville
STREET ADDRESS (If rural give location) Franklinville Road

3. NAME OF DECEASED (Type or Print) (First) John (Middle) C. (Last) Ratsch

4. DATE OF DEATH (Month) Sept (Day) 12 (Year) 1952

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 7-10-1894 | 9. AGE last birthday 58 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Bus operator | 10b. KIND OF BUSINESS OR INDUSTRY Own Business | 11. BIRTHPLACE (State or foreign country) Balto Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-05-2926

17. INFORMANT Mrs J C. Ratsch Franklinville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Infarction — Interval Between Onset and Death: 15 min

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Dis 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1950, to 9/12, 1952, that I last saw the deceased alive on 9/11, 1952, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE Clifford F. Hudson (Degree or title) M.D. ADDRESS Fork Md. DATE SIGNED 9/12/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9-15-52 | NAME OF CEMETERY OR CREMATORY Parkwood | LOCATION (City, town, or county) (State) Balto Md

DATE RECD BY LOCAL REG. 9/15/52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Kaestner Funeral Home ADDRESS 7401 Belair Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 36

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eighth & Garden Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenrisen
STREET ADDRESS (If rural, give location): Reisterstown Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Harlan (Last) Reall

4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: April 5 1919 | 9. AGE last birthday: 33 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator | 10b. KIND OF BUSINESS OR INDUSTRY: Bldg. | 11. BIRTHPLACE (State or foreign country): Bayard W. Va. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Martin Beall | 14. MOTHER'S MAIDEN NAME: Bessie Priscilla Hooten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World War II | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Jane Alice Reall - Garrison Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushed injuries - Compound fractures Skull, chest, left leg, right arm - Accidental

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc) OF INJURY: Construction Job | (CITY OR TOWN): Towson | (COUNTY): Balto. | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 25 1952 2:35 p.m. | INJURY OCCURRED While at work ☑ Not while at work ☐ | HOW DID INJURY OCCUR? Tractor crane overturned crushing operator

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin L. Hudson (Degree or title) MD, DME. | ADDRESS: Towson Md | DATE SIGNED: 9/25/52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: Sept 29-52 | NAME OF CEMETERY OR CREMATORY: Grove Chapel | LOCATION (City, town, or county): Pikesville (State): Md

DATE REC'D BY LOCAL REG.: 9-26-52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Samuel H. Merrill - Pikesville Md | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 49

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VAH, Fort Howard, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1408 McCulloh Street ✓

3. NAME OF DECEASED: (First) LLOYD (Middle) F. (Last) REEVES
4. DATE OF DEATH: (Month) Sept. (Day) 8, (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	7/9/06	46 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Cook — Hospital
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Newport News, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Reeves
14. MOTHER'S MAIDEN NAME: Rose Roberts

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.: 213-20-6280
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CIRRHOSIS OF THE LIVER — Interval Between Onset And Death: Unknown
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 17, 1952, to Sept. 8., 1952, [illegible] and that death occurred at 5:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
WILLIAM B. VANDEGRIFT, M.D. VAH, Fort Howard, Maryland 9/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/11/52
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 9/10/52
REGISTRAR'S SIGNATURE a w Adams
24. FUNERAL DIRECTOR ADDRESS
Arlington S. Phillips, 1808 N. Monroe St. Baltimore 17, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9909 Harford Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 9909 Harford Rd

3. NAME OF DECEASED (Type or Print): (First) Emily (Middle) A. (Last) Reinhard

4. DATE OF DEATH: (Month) Sept (Day) 2 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan. 30 1870

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: own. Home

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Alexander Francis.

14. MOTHER'S MAIDEN NAME: Louise Akehurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Miss. Edith Reinhard 9909 Harford Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 36 yrs.

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Dis — 18 yrs.

(c) Arteriosclerotic Heart Dis. Decompensation — 5 yrs 6 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1934, to Sept. 2, 1952, that I last saw the deceased alive on Sept 2, 1952, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Gudson, M.D. — ADDRESS Fork Md. — DATE SIGNED 9/2/52

23. BURIAL, CREMATION REMOVAL, (Specify): Burial — DATE THEREOF 9/5/52 — NAME OF CEMETERY OR CREMATORY Wilson Meth Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 9/9/52 — REGISTRAR'S SIGNATURE W. M. Hammett — 24. FUNERAL DIRECTOR — ADDRESS Lassahn Funeral Home 7401 Belair Rd

RECEIVED
SEP 8
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (Catonsville)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Nook Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY B
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 138 S. East Avenue

3. NAME OF DECEASED (Type or Print) (First) ANNA (Middle) (Last) RICE

4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1952 19

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH May 11, 1855 | 9. AGE last birthday 97 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael Gleichman
14. MOTHER'S MAIDEN NAME Barbara ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS 1213 Lakeside Aven Mrs. Julius G. Hlubb

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral arteriosclerosis. — Interval between onset and death: 4 Years

4540 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 13, 19 52, to Sept 8, 19 52, that I last saw the deceased alive on Sept 7, 19 52, and that death occurred at 7 A.M. m., from the causes and on the date stated above.

SIGNATURE Wm J Schmitt (Degree or title) ADDRESS 701 N. Kenwood Ave. DATE SIGNED Sept 9 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9/11/52 | NAME OF CEMETERY OR CREMATORY Baltimore Cemetery | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/10/52 | REGISTRAR'S SIGNATURE A W Hedrick | 24. FUNERAL DIRECTOR ADDRESS HENRY SANDER & SONS, INC. BALTO., 13, MD. Sept 7 Sander

10809.4746

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
LENGTH OF STAY (in this place): 10 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Cliveden Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
STREET ADDRESS (If rural give location): 10 Cliveden Rd.

3. NAME OF DECEASED (Type or Print): (First) Evelyn (Middle) Lillian (Last) Romans

4. DATE OF DEATH: (Month) Sept (Day) 24 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 11 Sept 1887

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: Department Store

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Thomas H Cook

14. MOTHER'S MAIDEN NAME: Jane Greed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: [redacted]

17. INFORMANT: Mr Alexander Romans.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic heart disease	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19 52, to 24 Sept, 19 52, that I last saw the deceased alive on 1 July, 19 52, and that death occurred at 6.30 P. m., from the causes and on the date stated above.

SIGNATURE: Paul R Royer (Degree or title) M.D. ADDRESS: Pikesville 8 Md DATE SIGNED: 24 Sept 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 27-52 — NAME OF CEMETERY OR CREMATORY: Harley — LOCATION (City, town, or county) (State): Woodlawn M. P.

DATE REC'D BY LOCAL REG.: 9 26 52 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Samuel H. Purdum — ADDRESS: Pikesville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 69299 30

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Catonsville

LENGTH OF STAY (in this place): 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince George

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Decatur Heights

STREET ADDRESS (If rural, give location): 3910 53rd Street

3. NAME OF DECEASED: (Type or Print) (First) Leo idas (Middle) B (Last) Rose

4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10-6-1883

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insura ce agent

10b. KIND OF BUSINESS OR INDUSTRY: ins rance

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Henry Rose

14. MOTHER'S MAIDEN NAME: Mary M. Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) unknown

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Hypostatic pneumonia — Interval Between Onset and Death: 4 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cardiac failure — prior to admission 9-11-52

DUE TO

(c) Arteriosclerotic heart disease — yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Benign arteriosclerotic nephrosclerosis — yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 11 19 52, to Sept. 18 19 52, that I last saw the deceased alive on Sept. 18, 19 52, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Hermann-Greca MD

ADDRESS Spring Grove State Hospital Catonsville 28, Md.

DATE SIGNED 9-18-52

23. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

DATE THEREOF 9/20 52

NAME OF CEMETERY OR CREMATORY LEE'S CREMATORY

LOCATION (City, town, or county) (State) WASHINGTON D.C.

DATE REC'D BY LOCAL REG. 9-19-52

REGISTRAR'S SIGNATURE V E. Harry

24. FUNERAL DIRECTOR J Wm Lee Sons

ADDRESS 300 [illegible] St. N.E.

SEP 22 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and the nearest town) OR TOWN Rural White Hall
LENGTH OF STAY (in this place) 72 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS West Liberty.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - White Hall.
STREET ADDRESS (If rural, give location) West Liberty.

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Rosier.

4. DATE OF DEATH (Month) (Day) (Year) September 8, 1952.

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH March 18 1880

9. AGE last birthday 72 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Gas & Electric Co.

11. BIRTHPLACE (State or foreign country) White Hall Md. R.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown.

14. MOTHER'S MAIDEN NAME Dorcas Ann Rosier.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-14-2624

17. INFORMANT AND ADDRESS Charles L. Rosier White Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the stomach

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 40., to Sept. 8, 19 52, that I last saw the deceased alive on Sept. 8, 19 52, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE: A. M. Frances (Degree or title) M.D. ADDRESS Parkton, Md. DATE SIGNED 9/10/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept. 10 1952

NAME OF CEMETERY OR CREMATORY West Liberty Cem.

LOCATION (City, town, or county) (State) White Hall, Balto Co. Md.

DATE REC'D BY LOCAL REG. 9/10/52

REGISTRAR'S SIGNATURE Chester L. Rudd

24. FUNERAL DIRECTOR Jacob Hartmeister

ADDRESS New Freedom, Pa.

BUREAU V. S.

301

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1104 Frederick Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 1104 Frederick Avenue

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Lamar (Last) Ryan

4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1952

5. SEX: Fem.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 21, 1872

9. AGE last birthday: 79 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Luther E. Hooper

14. MOTHER'S MAIDEN NAME: Maria Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Charles T. Ryan 1104 Frederick Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure — Interval Between Onset and Death: 2 Days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) C. A. & Stroke

(c) Generalized Metastasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1951

19b. MAJOR FINDINGS OF OPERATION: C A of Breast

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-4, 1952, to 9-9, 1952, that I last saw the deceased alive on 9-4, 1952, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE James Howard (Degree or title) ADDRESS Catonsville DATE SIGNED 9-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/11/52 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/10/52 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: H. W. Mears and Son — ADDRESS: 805 N. Calvert St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus; LENGTH OF STAY (in this place) 18 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS George Town Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus; STREET ADDRESS (If rural, give location) George Town Rd.

3. NAME OF DECEASED (Type or Print): (First) Tillie (Middle) V. (Last) Sadler

4. DATE OF DEATH: (Month) Sept (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7/9/1892

9. AGE last birthday: 60 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Kent Island Eastern Shore

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John G Sparks

14. MOTHER'S MAIDEN NAME: Lottie Meads

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mr George Sadler George Town Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Collapse — Interval Between Onset and Death: 1 dy

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio Sclerotic Coronary Disease — 6 mos

(c) Gangrene right Leg

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/13/52

19b. MAJOR FINDINGS OF OPERATION: Gangrene right leg

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10/52 to 9/19/52, that I last saw the deceased alive on 9/19/52, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE: Joseph G Lanscarty MD (Degree or title) — ADDRESS 679 W Lexington Blvd — DATE SIGNED 9/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/22/52 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cem. — LOCATION (City, town, or county) (State): 4300 Old Frederick Rd.

DATE REC'D BY LOCAL REG.: Sept 20 1952 — REGISTRAR'S SIGNATURE: R. W.

24. FUNERAL DIRECTOR: John J Lawrenson — ADDRESS: 3? Edmondson

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18.

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 78 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 2929 Gwynns Falls Parkway

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) F. (Last) SAUER

4. DATE OF DEATH: (Month) September (Day) 25 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-10-93

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Electrician

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov'm't.

11. BIRTHPLACE (State or foreign country): Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Nicholas J. Sauer

14. MOTHER'S MAIDEN NAME: Nellie Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

146X

Immediate cause (a) CARCINOMA OF NASOPHARYNX — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-15-52, 7-28-52

19b. MAJOR FINDINGS OF OPERATION: Partial excision of lymph node rt. posterior cervical region. Closure of perforated duodenal ulcer

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1952, to Sept. 25, 1952, and that death occurred at 12:05 A.M., from the causes and on the date stated above.

SIGNATURE (Physician or title): William B. VanDegrift, M.D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 9-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-29-52

NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9/28/52

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: Wm. J. Tickner & Sons, North & Pa. Aves., Baltimore, Maryland

VS. A15-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09304

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place) 8 yrs. 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Sheppard and Enoch Pratt Hospital — 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, Balto. City — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 404 N. Monroe Street ✓

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Henrietta (Last) Schneck

4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: January 5, 1889

9. AGE: Last birthday 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles [illegible] Schneck

14. MOTHER'S MAIDEN NAME: Mary Leutner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Elmer Clark - 2728 Kinsey Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis — 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 10 yrs +

(20x) (c) Generalized Arteriosclerosis — " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Dementia Praecox; Diabetis Mellitus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 27, 1943, to Sept 30, 1952, that I last saw the deceased alive on Sept 30, 1952, and that death occurred at 12:10 P m., from the causes and on the date stated above.

SIGNATURE: W. Wilgis, M.D. (Degree or title) ADDRESS: THE SHEPPARD & ENOCH PRATT H[illegible] Towson, Md. DATE SIGNED: 10-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/3/52 — NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem. — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 10/3/52 — REGISTRAR'S SIGNATURE: H. C. Fedder Deputy — 24. FUNERAL DIRECTOR: Wm. J. Pickner & Son — ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; LENGTH OF STAY (In this place) 40 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St. Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; STREET ADDRESS (If rural, give location) Rosewood State Training School

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Schumlowitz

4. DATE OF DEATH: (Month) 9- (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-15,1899.

9. AGE last birthday: 52 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inmate

10b. KIND OF BUSINESS OR INDUSTRY: Mental Hosp.

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? Russia.

13. FATHER'S NAME: Louis Schumlowitz

14. MOTHER'S MAIDEN NAME: Rosa Blass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY No.: None.

17. INFORMANT AND ADDRESS: Rosewood State Training School Rosewood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolism	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured left tibia & fibula	14 days
	(c) Myocarditis	2 yrs.

'10.7

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Spastic Paraplegia } Idiot — since birth

19a. DATE OF OPERATION: 9-14-'52

19b. MAJOR FINDINGS OF OPERATION: Reduction of fracture & application of cast

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Hill Cottage (CITY OR TOWN) Rosewood State Training School (COUNTY) Owings Mills, Balto. Co., Md. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 9-11-'52-8:30P

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fell down steps at Hill Cottage, Rosewood St. Tr. School

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D.D. Caplis (Degree or title) Deputy Med. Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 9-27-'52

23. BURIAL, CREMATION, REMOVAL (Specify): Funeral | DATE THEREOF: 9-28-52 | NAME OF CEMETERY OR CREMATORY: Ohev Shalom | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. SEP 26 1952 | REGISTRAR'S SIGNATURE: Huntington Williams M.D. 9-30-52 Mary Elene | 24. FUNERAL DIRECTOR: Jack Lewis Inc. ADDRESS: 2100 Eutaw Pl.

NO ENTRY TO BE MADE IN THIS SPACE — RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 30
BUREAU V. &
ONLY SENT TO LOCAL [illegible] Date

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S. A16 8-51

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks — LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks
STREET ADDRESS (If rural, give location) York Rd

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Mae (Last) Shelley

4. DATE OF DEATH: (Month) 9 (Day) 6 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Aug. 12, 1883

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Balto Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Stansbury

14. MOTHER'S MAIDEN NAME: Catherine Neff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mr. Howard Shelley, Sparks, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

153X

Immediate cause (a) Carcinoma intestine with gunshot wound intestines — INTERVAL BETWEEN ONSET AND DEATH: 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 28, 1951

19b. MAJOR FINDINGS OF OPERATION: carcinoma large intestine

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1952, to Sept 6, 1952, that I last saw the deceased alive on Sept 5, 1952, and that death occurred at 5:20 a.m., from the causes and on the date stated above.

SIGNATURE Elizabeth B. Shevill — (DEGREE OR TITLE) M.D. — ADDRESS Cockeysville, Md. — DATE SIGNED 9/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 9-8-52 — NAME OF CEMETERY OR CREMATORY Mt. Zion Methodist — LOCATION (City, town, or county) Freeland — (State) Md

DATE REC'D BY LOCAL REG. 8 Sept 1952 — REGISTRAR'S SIGNATURE Emma Emmistead Mackert

24. FUNERAL DIRECTOR J. Scott Brooks — ADDRESS Sparks, Md

SEP 1
BUREAU V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 317 E. JOPPA ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
STREET ADDRESS (If rural, give location): 317 E. JOPPA ROAD

3. NAME OF DECEASED (Type or Print): (First) SYLVESTER (Middle) (Last) SIFORD

4. DATE OF DEATH: (Month) SEPT. (Day) 7, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: APRIL 19, 1877

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCALE-MASTER - RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: CANTON R.R.

11. BIRTHPLACE (State or foreign country): ENGLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SYLVESTER SIFORD

14. MOTHER'S MAIDEN NAME: MARTHA SIFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No / NONE

16. SOCIAL SECURITY No.: 705-10-9683

17. INFORMANT AND ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart failure	6 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive + arteriosclerotic heart disease	yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1952, to Sept. 7, 1952, that I last saw the deceased alive on Sept 5, 1952, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE: Donald L. Somerville (Degree or title): M.D. ADDRESS: 25 W. Pa. Ave. Towson 4 Md DATE SIGNED: 9/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: SEPT. 9, 1952 | NAME OF CEMETERY OR CREMATORY: PROSPECT HILL CEMETERY | LOCATION (City, town, or county) (State): TOWSON, MARYLAND

DATE REC'D BY LOCAL REG.: Sept. 9, 1952 | REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS: JOHN BURNS' SONS, TOWSON, MD.

SEP
BUREAU V. S.

VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corre
is especially important

308

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3802 Oak Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
STREET ADDRESS (If rural, give location) 3802 Oak Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CARRIE	BOND	SLAGLE	Sept.	27,	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	Dec. 7, 1874	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Hood	Mary Frances Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
none		Rev. Arthur E. Slagle - 3802 Oak Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	15 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arteriosclerosis	2 yrs
	(c) Arteriosclerotic Cardio Vascular Disease	15 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary Embolism Phlebitis Rt. Leg	9 Days 22 Days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 25, 1939, to Sept. 27, 1952, that I last saw the deceased alive on Sept 27, 1952, and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D. 3403	Harrison Blvd	9/29/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/30/52	Lorraine Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/29/52	[signature]	J. M. Fichtner & Sons	Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MIDDLE RIVER
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD. — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MIDDLE RIVER
STREET ADDRESS (If rural, give location): 111 WAMPLER RD.

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) (Last) SMITH

4. DATE OF DEATH: (Month) 9 (Day) 9 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: MAY 13, 1860

9. AGE last birthday: 92 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWORK

11. BIRTHPLACE (State or foreign country): SWITZERLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? ASHMANN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: — —

17. INFORMANT AND ADDRESS: MRS. IDA MOHR 109 WAMPLER RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Cardio Vascular — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 19 52 to Sept 10, 19 52, that I last saw the deceased alive on Sept 10, 19 52, and that death occurred at 1:30A m., from the causes and on the date stated above.

SIGNATURE: M Bauman gardner MD (Degree or title) ADDRESS: Balto 6 md DATE SIGNED: 9/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 9-12-1952 — NAME OF CEMETERY OR CREMATORY: PARKWOOD CEM. — LOCATION (City, town, or county) (State): 3310 TAYLOR AVE, MD.

DATE REC'D BY LOCAL REG.: 9/11/52 — REGISTRAR'S SIGNATURE: A. O [illegible]

24. FUNERAL DIRECTOR: Charles L. Zeiler — ADDRESS: 901 S. CONKLING ST. BALTO., 24, MD.

55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 825 W. 35th Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Virginia (Last) Smith

4. DATE OF DEATH: (Month) September (Day) 8, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-18-1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife &

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Henry Jean

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Pinkler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Mrs. Virginia Blizzard-Dau. 327 Rosebank Avenue, Baltimore 12, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Acute cardiac failure — Interval Between Onset and Death: 1 hour

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic heart disease — Years

DUE TO

(c) Generalized arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Senile arteriosclerotic nephrosclerosis — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-5-, 19.52., to 9-8-, 19.52., that I last saw the deceased alive on 9-8-52., 19.52., and that death occurred at 9:40 A.m., from the causes and on the date stated above.

SIGNATURE Ethel B. Hermann-Grunes (DEGREE OR TITLE) M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 9-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Sept. 11, 1952

NAME OF CEMETERY OR CREMATORY St. Mary's (Govans)

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9/9/52

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Burgee Funeral Home ADDRESS 3631 Falls Road

Horace F. Burgee

Item 13 Film 6147 9-30-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural: Towson; LENGTH OF STAY (In this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) 1851 W. Pratt St.

3. NAME OF DECEASED (Type or Print): (First) Louis; (Middle) B; (Last) Smith

4. DATE OF DEATH: (Month) 9; (Day) 24; (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: August 25 1871

9. AGE last birthday: 81 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet maker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bernard Smith

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-18-0497

17. INFORMANT AND ADDRESS: Personal History - Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia per Autopsy report

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 4 days

(c) For advanced bilateral fibro-caseous pulmonary tuberculosis.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 15 1952, to SEPT. 24, 1952, that I last saw the deceased alive on SEPT. 24, 1952, and that death occurred at 10 20 P. m., from the causes and on the date stated above.

SIGNATURE: Milton B. Kress (Degree or title) M. D. ADDRESS: Eudowood Sanatorium, Towson 4, Maryland DATE SIGNED: 9-27-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Sept. 29, 1952; NAME OF CEMETERY OR CREMATORY: Most Holy Redeemer; LOCATION (City, town, or county): Balto.; (State): Md.

DATE REC'D BY LOCAL REG.: 9-26-52; REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Harry H. Weitzel; ADDRESS: 4101 Edmondson Ave.

VS. 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Items 11,14 FilmC146 9/15/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Park — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Same — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Park — STREET ADDRESS (If rural, give location) 8011 Edgewater Ave.

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) M. (Last) Smith

4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1952

5. SEX: M. — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): — 8. DATE OF BIRTH: 12-13-48 — 9. AGE last birthday: 3 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Balto. Co., Md. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Smith — 14. MOTHER'S MAIDEN NAME: Juanita Kaffenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: — 17. INFORMANT AND ADDRESS: Parents - 8011 Edgewater Ave. Chesapeake Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hydrocephalus, internal — 3 yrs.

344 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Stenosis, due to old meningitis

(c) at age of 7 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Wm. D. Davis M.D. Asst. Med. Exam. — Dundalk 22 — 9/3/52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF 9-4-52 — NAME OF CEMETERY OR CREMATORY: Sacred Heart — LOCATION (City, town, or county) (State): Simon Mills Md.

DATE REC'D BY LOCAL REG. Sept 4 1952 — REGISTRAR'S SIGNATURE: Ruth Hurley

24. FUNERAL DIRECTOR: Jno. G. Donnelly — ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 102 Leslie Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 102 Leslie Ave

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) L. (Last) Snyder

4. DATE OF DEATH: (Month) Sept (Day) 21 (Year) 1952

5. SEX: male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married — 8. DATE OF BIRTH: July 9-1890 — 9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter — 10b. KIND OF BUSINESS OR INDUSTRY: Own. Business — 11. BIRTHPLACE (State or foreign country): Balto City — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Chas. L. Snyder — 14. MOTHER'S MAIDEN NAME: Mary Kornauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) World War I — 16. SOCIAL SECURITY NO. 215-09-4002 — 17. INFORMANT: Mrs. Harry L. Snyder 102 Leslie Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adeno carcinoma, of the bladder — Interval between onset and death: About 7 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Essential

19a. DATE OF OPERATION: 7/2/52 — 19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma bladder - extensive (thru bladder wall — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 30, 1952, to Sept 21, 1952, that I last saw the deceased alive on Sept 20, 1952, and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles O. Leva M.D. — ADDRESS 4200 Parkwood Ave Balto Md — DATE SIGNED (9/21/52) (9/22/52)

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 9/23/52 — NAME OF CEMETERY OR CREMATORY Zion Luth. Cem — LOCATION (City, town, or county) Balto — (State) Md

DATE REC'D BY LOCAL REG. Sept 23-1952 — REGISTRAR'S SIGNATURE Mrs A.L. Reifsnider — 24. FUNERAL DIRECTOR Lansdale Funeral Home — ADDRESS 7101 Belair Rd

SEP 24 1952
BUREAU V.

ALL INF. EXCEPT MEDICAL film 46 9-15-52 L (signature missing on original certificate)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38 ... 3814

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ROGERS FORGE
LENGTH OF STAY (in this place): 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 213 Overbro k road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. — COUNTY: ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ROGERS FORGE
STREET ADDRESS (If rural give location): 213 Overbrook rd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
DANIEL	R	SOMMERWERCK	9	7	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	WIDOWED	Jan 2, 1884	68 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Salesman — Coffee		Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
RUDOLPH G. SOMMERWERCK	MARY E. DIMLING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
NO	212 05 3844	RUDOLPH J. SOMMERWERCK

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (420.1)	(a) Coronary Thrombosis, acute, recurrent	5 min
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Myocardial infarct	6 yrs.
DUE TO	(c) Generalized arteriosclerosis	Indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ... ,19 ... , to Sept 7, 1952, that I last saw the deceased alive on ... , 19 ... , and that death occurred at ... , from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edward J. Cotter		11 E. Chase St.	Sept 9, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	ADDRESS
Burial	9-10-52	LORD BALTIMORE PARK	[illegible] BALTIMORE MD.	

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR
9/9/52	JT	H.J. JENKINS & SONS CO. 4905 York rd. Baltimore Md.

VS. A15

~~Title~~

Filed 9-9-52 (BP)
Replaced 9-15-52 (Sig.) 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (In this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sonn Lane nr. Old Harford Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): Sonn Lane nr. Old Harford Rd.

3. NAME OF DECEASED (Type or Print): (First) MARIA SUSAN (Middle) SONN (Last)

4. DATE OF DEATH: (Month) September (Day) 5th (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 22 1862

9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gideon Rilee

14. MOTHER'S MAIDEN NAME: Hester Royston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Rose Kroh, Sonn Lane, Balto. Co., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 19 51, to Sept. 5, 19 52, that I last saw the deceased alive on Sept. 3, 19 52, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] M.D. 3102 Harford Rd. 9/6/52

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: Sept. 8, 1952 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: Sept. 6-1952 — REGISTRAR'S SIGNATURE: G. M. Bacon

24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7001 Belair Rd.

RECEIVED
SEP 11
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
MARYLAND LENGTH OF STAY (in this place): 12 hrs 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 3305 Mueller Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J. (Last) STAHL

4. DATE OF DEATH: (Month) (Day) (Year) September 29 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-4-82.

9. AGE Last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Marine Corps,

11. BIRTHPLACE (State or foreign country): Drifton, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Stahl

14. MOTHER'S MAIDEN NAME: Maryanne Donop

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 219-03-5534

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) RUPTURE OF SYPHILITIC ANEURYSM OF THE AORTA — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO INTO THE ESOPHAGUS (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11:00 AM Sept.29, 1952, to 11:35 PM Sept.29, 1952 and that death occurred at 11:35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VAN DUZEE, M. D.
ADDRESS: VAH, Fort Howard, Maryland
DATE SIGNED: 9-30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: October 3'52
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR: 10/2/52
REGISTRAR'S SIGNATURE: D. W. Redue Dmc

24. FUNERAL DIRECTOR ADDRESS: Charles S. Zeiler Funeral Home, 901 S. Conkling Street, Baltimore 24, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 10
STREET ADDRESS (If rural, give location) Roland Park Apts. 6 Upland Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Cecilia (Last) Steffee

4. DATE OF DEATH: (Month) Sept. (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 10, 1913

9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ambrose Murphy

14. MOTHER'S MAIDEN NAME: Cecilia Kinsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Personal History - Eudowood Sanatorium Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) — Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 15 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

OCT

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1952, to Sept 21, 1952, that I last saw the deceased alive on Sept 21, 1952, and that death occurred at 6 35 P. m., from the causes and on the date stated above.

SIGNATURE: Milton B. Kress — (Degree or title) M.D. — ADDRESS: Eudowood Sanatorium, Towson 4, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/25/52 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cem — LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG. 9/23/52 — REGISTRAR'S SIGNATURE: A. W. Hoshall Jr.

24. FUNERAL DIRECTOR: Charles F. Evans & Son — ADDRESS: 118 W. Mt. Royal Ave

Item 18 Film G147 9-30-52 ams

1 Dup F

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethope
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Craddock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE None COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN √
STREET ADDRESS (If rural, give location) 1900 Northeast Ave Halethope Md

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) K. (Last) Stewart
4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 1895
9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country): United States
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Not Known
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carcinoma — Prostate Gland

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Valvular Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1952, to Sept 11, 1952, that I last saw the deceased alive on Sept 10, 1952, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS R4 Box 217 Elkridge 27 Md DATE SIGNED Sept 11 1952

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Sept 16 52
NAME OF CEMETERY OR CREMATORY Mt Auburn Memorial Park LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. Sept 19 52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Francis Hemsley ADDRESS R.A. Biddle

Burial – 9-16-52 – Mt. Auburn Cem. Chas. R. Lee 802 Madison Ave

VS: A15

* Patient of Dr Kemmy; Dr. Worsley attended during Dr. Kemmy's illness. 9/25/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 432 Overbrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 432 Overbrook Rd.

3. NAME OF DECEASED (Type or Print): (First) CORA (Middle) C. (Last) SUTCH

4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 13, 1870

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Columbus Bowman

14. MOTHER'S MAIDEN NAME: Mary Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Miss Cora Penn - 432 Overbrook Rd., Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Abdominal Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 Month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) primary site undetermined

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 19 5Y, to 9/25, 19 5Y, that I last saw the deceased alive on 9/20, 19 5Y, and that death occurred at 8:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas L. Worsley Jr M.D. — ADDRESS: 2900 Alameda Blvd Balto 18 Md — DATE SIGNED: 9/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/28/52 — NAME OF CEMETERY OR CREMATORY: St. Paul's Ch. Cem. — LOCATION (City, town, or county) (State): Granite, Md.

DATE REC'D BY LOCAL REG.: September 27 1952 — REGISTRAR'S SIGNATURE: R.W

24. FUNERAL DIRECTOR — ADDRESS: Wm. J. Vickers & Sons Balto 17, Md.

(H-F-R)

This patient had been under the care of Dr. Earle Koons for several years and I attended the patient during Dr. Koons's illness.

— Thos. L. Wardle, M.D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-5

1. PLACE OF DEATH
COUNTY - Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arm
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Vista Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE
COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arm
STREET ADDRESS (If rural, give location): Mt. Vista Rd.

3. NAME OF DECEASED (Type or Print): (First) Helen Elisabeth (Middle) Also known as (Last) Green

4. DATE OF DEATH: (Month) Sept. (Day) 10 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 9/26/1904

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: Bedding Mfgr

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: J. Fred Klotsch

14. MOTHER'S MAIDEN NAME: Johanna F. Kanne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 216-03-4825

17. INFORMANT AND ADDRESS: Mr. Benjamin L. Green As above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 12 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential hypertension — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 51, to Sept., 19 52, that I last saw the deceased alive on about Aug 1, 19 52, and that death occurred at 8 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edward Novak M.D. ADDRESS: 101 W. Read St. DATE SIGNED: Sept 11 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9/13/52

NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REG.: 9-11-52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: William J. Luckner & Sons

ADDRESS: No. Paca

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 507 Anneslie Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 507 Anneslie Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HENRY (Last) TEGEDER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 9, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 13, 1881

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: Bldg. Contractor

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Frederick Tegeder

14. MOTHER'S MAIDEN NAME: Henrietta King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): None

16. SOCIAL SECURITY No.: 213-05-7357

17. INFORMANT AND ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Arteriosclerosis — Interval Between Onset and Death: 9 Months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

(c) Carcinoma of Prostate — 1 Year

(1/X)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1937, to Sept., 1952, that I last saw the deceased alive on Sept., 1952, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles H. Reier M.D. — ADDRESS: 6701 York Rd Balto 12 Md. — DATE SIGNED: 10 Sept 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept. 11, 1952 — NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park — LOCATION (City, town, or county) (State): Parkville, Balto. Co., Md.

DATE REC'D BY LOCAL REG. 9-10-52 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Maryland

SEP 15
B. CAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; MARYLAND LENGTH OF STAY (in this place) 17 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 776 W. Hamburg Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) N. (Last) THOMPSON

4. DATE OF DEATH: (Month) (Day) (Year) September 17 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-4-19

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: unk.

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John F. Thompson

14. MOTHER'S MAIDEN NAME: Marie Hamburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 215-05-1921

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) GLIOMA RIGHT FRONTOPARIETAL AREA — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-16-52 - Craniotomy; 9-15-52 - Ventricular gram

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 31 1952, to Sept. 17, 1952 and that death occurred at 1:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. JAN B. VANDECRIFT, M. D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 9-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9/22/52

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 9/18/52

REGISTRAR'S SIGNATURE H. A. Hedrick

J. FUNERAL DIRECTOR ADDRESS Howard Blight Funeral Home, 6009 Harford Road, Baltimore, Maryland

Mildred T. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09323
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 172 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2018 N. Monroe Street

3. NAME OF DECEASED: (Type or Print) (First): HENRY (Middle): LEE (Last): TOPPIN

4. DATE OF DEATH: (Month) (Day) (Year): September 26 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 8-4-96

9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Butler

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Acomac County, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Toppin

14. MOTHER'S MAIDEN NAME: Mary (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 212-12-9519

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) TUBERCULOUS MENINGITIS — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) PULMONARY TUBERCULOSIS, CHRONIC, FAR ADVANCED ACTIVE WITH HEMATOGENOUS SPREAD — UNKNOWN

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from April 7, 1952, to Sept. 26, 1952, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Alfred Greenberg MD (VOD)

ADDRESS: VAH, Fort Howard, Maryland

DATE SIGNED: 9-27-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 10/2/52

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Onancock, Virginia

DATE REC'D BY LOCAL REGISTRAR: 9/30/52

REGISTRAR'S SIGNATURE: A. W. Tedrick DMD

24. FUNERAL DIRECTOR ADDRESS: Arlington S. Phillips 1808 N.Monroe Street Baltimore 17, Maryland

SHIP TO: E. Thomas Funeral Home, Tasley, Virginia

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 225 WILLOW AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON; STREET ADDRESS (If rural, give location) 225 WILLOW AVENUE

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) RUARK (Last) TYLER

4. DATE OF DEATH: (Month) SEPT. (Day) 2, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: OCT. 16, 1912

9. AGE last birthday: 39 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

10b. KIND OF BUSINESS OR INDUSTRY: BENDIX RADIO MFG.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CLARENCE TYLER

14. MOTHER'S MAIDEN NAME: EDNA RUARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: 212-07-7368

17. INFORMANT AND ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma left lung

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 10, 1951, to Sept 2, 1952; that I last saw the deceased alive on Sept 2, 1952 and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE Laurence C. Pool (Degree or title) M. D. ADDRESS 6805 York Rd DATE SIGNED 9/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: SEPT. 4 1952 | NAME OF CEMETERY OR CREMATORY: MORELAND MEMORIAL PARK | LOCATION (City, town, or county) (State): PARKVILLE, MD.

DATE REC'D BY LOCAL REG.: Sept. 4, 1952 | REGISTRAR'S SIGNATURE: Mabel C. Gray | 24. FUNERAL DIRECTOR ADDRESS: JOHN BURNS' SONS, TOWSON, MD.

SEP 8
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Parkville — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7914 Tilmont Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 7914 Tilmont Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ignatius		Verzi	Sept	20	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Widowed	Jan. 20, 1874	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Steon Mason
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gregory Verzi
14. MOTHER'S MAIDEN NAME: Frances ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Frances Giammari, 7914 Tilmont

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C V D. —

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/15, 1951, to 9/20, 1952 that I last saw the deceased alive on 9/15, 1952 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Harold A. Pitts M.D.	3100 Harford Rd.	9/22/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/23/52	Holy Redeemer Cem.	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/22/52	A. W. Hedrick	Leonard J. Ruck	5305 Harford Road.

VS. A15

Dr. Grott

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

41321

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Catonsville, Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines., Conv. Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 1310 N. Kenwood Ave. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Louis	Joseph	Waders	September 26, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Widowed	Oct 8, 1884	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Boat Builder.	U. S. Coast Guard	Prague, Czecko-Slovakia	U.S.A.

13. FATHER'S NAME: Joseph Vodicka

14. MOTHER'S MAIDEN NAME: Mary Prazak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	215-01-6657	Frances A. Melling, 1310 N. Kenwood Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA — STOMACH	2 YEARS.
151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE C.V. DISEASE — 3 YEARS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/14/50, 19..., to 9/26/52, 19..., that I last saw the deceased alive on 9/13/52, 19..., and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eugene B. Moore	M.D.	448 N. Luzerne Ave.	9/26/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 29, 1952	Holy Cross Cemetery	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/26/52	A. W. Hedrick	Schimunek Funeral Home	2601-03-05 E. Madison Street.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2707 Edmondson Ave.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) (Last) Wagner
4. DATE OF DEATH: (Month) 9 (Day) 6 (Year) 52
5. SEX: Fem
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5/18/1881
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Frederick Wagner
14. MOTHER'S MAIDEN NAME: Ida P. Gross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---- (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ------
17. INFORMANT AND ADDRESS: Anna B. Graf Pasadena, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, lungs, metastatic — Interval Between Onset and Death: Unknown

170X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Carcinoma, breast, Right — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized — Unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13, 1952, to 9-6, 1952, that I last saw the deceased alive on 9-5, 1952, and that death occurred at 10.30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stephenler Magness M.D. Catonsville Md 9-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/9/52 | NAME OF CEMETERY OR CREMATORY: Lorraine Park | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/9/52 | REGISTRAR'S SIGNATURE: a w Hedrick

24. FUNERAL DIRECTOR ADDRESS: Mamie Cook Syfer-1600 W. North Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River, 19 Harrison St; MARYLAND; LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Guy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Beach; STREET ADDRESS (If rural, give location) Route 15, Box 193, Balto. 20, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRITZ	(Frederick)	WEIDNER	Sept	26	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	7/23/1905	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	own	Germany	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Margaret Weidner, wife, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis, generalized	9 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adenocarcinoma of the appendix	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 1952, to Sept 26, 1952, that I last saw the deceased alive on Sept 24, 1952, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Harvey L. Fuller MD	Ridge Rd, Baltimore 6	Sept 29/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 30, 1952	Oak Lawn Cemetery	Eastern Ave., Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9/29/52	[signature]	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard, Maryland
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 645 W. Hoffman Street

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) H. (Last) WEST

4. DATE OF DEATH: (Month) September (Day) 6, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4/14/87

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lake West

14. MOTHER'S MAIDEN NAME: Mary Alden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 212-14-0999

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443.

Immediate cause (a) HYPERTENSIVE CARDIOVASCULAR DISEASE — UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) CAUSE UNKNOWN

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Aug. 31 1952, to Sept. 6, 1952, [illegible] and that death occurred at 12:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): William D. VANDEGRIFT, M. D. — ADDRESS: VAH, Fort Howard, Maryland — DATE SIGNED: 9/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/10/52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR: 9/10/52 — REGISTRAR'S SIGNATURE: A W Hopper

24. FUNERAL DIRECTOR — ADDRESS: Arlington Phillips 1808 N. Monroe St. Baltimore, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY E. BALTIMORE (or) MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELK. C. 7	LENGTH OF STAY (in this place) 50 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS OLD COURT RD	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELK. C. 7 — 12
	STREET ADDRESS (If rural, give location) OLD COURT RD.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	MAYNARD	WHITE	SEPT	22	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE		MAY 4-1889	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED - FARMER	HOMEMAKER	BALTIMORE CO. MD	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MARTIN WHITE	MARY V. WHITE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	212-20-0414	MRS. M. WHITE ELK. CITY MD - RFD 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ACUTE HEART FAILURE	1 DAY
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMA OF STOMACH	2 YEARS
	(c) HYPERTENSIVE CARDIO-VAS. DIS.	5 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April 1, 1949, to SEPT 22, 1952, that I last saw the deceased alive on SEPT 22, 1952, and that death occurred at 11.05 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	[illegible]	[illegible]	9-25-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 26/1952	St. Thomas	Randallstown, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-24-52		Edward Funeral Home	1607 Druid Hill Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 E. Chesapeake Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural, give location) 112 E. Chesapeake Ave

3. NAME OF DECEASED (Type or Print): (First) Maimie (Middle) Lee (Last) Wilson
4. DATE OF DEATH: (Month) Sept (Day) 2 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: JAN. 19, 1875
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Lee
14. MOTHER'S MAIDEN NAME: Louise Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT: Elmer L. Wilson - 413 Virginia Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile changes with malnutrition	unknown
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rollin C. Hudson (Degree or title) M.D., D.M.E. — ADDRESS Towson, Md. — DATE SIGNED 9/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9-4-52 — NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park — LOCATION (City, town, or county) (State): Arbutus, Maryland

DATE REC'D BY LOCAL REG. 9/3/52 — REGISTRAR'S SIGNATURE A W Redmond — 24. FUNERAL DIRECTOR: Edgar L. Lynch - 2463 Druid Hill Ave — ADDRESS Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CARNEY; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 9632 HARFORD ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CARNEY; STREET ADDRESS (If rural, give location) 9632 HARFORD ROAD

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Ignatius (Last) Wirth

4. DATE OF DEATH: (Month) Sept (Day) 4 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: DEC. 26, 1882

9. AGE Last birthday: 69 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET.

10b. KIND OF BUSINESS OR INDUSTRY: AMERICAN BREWERY

11. BIRTHPLACE (State or foreign country): LANCASTER, PENNA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: AMBROSE WIRTH

14. MOTHER'S MAIDEN NAME: EMMA —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MRS. MAE A. WIRTH, 9632 HARFORD ROAD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, vascular, coronary occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Collins C. Hudson M.D., D.M.E. ADDRESS Towson Md DATE SIGNED 9/4/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 9/8/52 | NAME OF CEMETERY OR CREMATORY MORELAND PARK | LOCATION (City, town, or county) (State) PARKVILLE MARYLAND.

DATE REC'D BY LOCAL REG. 9/5/52 | REGISTRAR'S SIGNATURE H. A. Rehn | 24. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS 1217 St. Paul St.

VS. 415A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 7 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2815 DUNGLEN. COURT.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 2815 DUNGLEN COURT.

3. NAME OF DECEASED (Type or Print): (First) MAY (Middle) HELBING (Last) WOELPER
4. DATE OF DEATH: (Month) 9 (Day) 9 (Year) 1952

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED | 8. DATE OF BIRTH: 8-22-1903 | 9. AGE last birthday: 49 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: HENRY HELBING
14. MOTHER'S MAIDEN NAME: CATHERINE LUDWIG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: W. LEROY WOELPER - HUSBAND - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	5 hrs
	(c) Hypertensive Cardio-vascular disease	6 years

20. Yes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 47., to 9 Sept., 1952, that I last saw the deceased alive on 4 Sept., 1952, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. W. Dalrod M.D. 2900 Duncan Rd Dundalk Md 9/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 9-12-52 | NAME OF CEMETERY OR CREMATORY: OAK LAWN | LOCATION (City, town, or county) (State): BALTO. CO. MD.

DATE REC'D BY LOCAL REG.: Sept 12-1952 | REGISTRAR'S SIGNATURE: William J. McKelly | 24. FUNERAL DIRECTOR ADDRESS: Wells Brooks Bradley, Dundalk, Md.

SEP 13

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09334

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. NAME OF DECEASED (Type or Print): GEORGIA ETTA WORLEY

2. DATE OF DEATH: SEPT. 13, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTO. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3624 HILMAR RD - BALTO. 7 MD
C. Length of stay in Baltimore County: 12 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTO.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 7
D. STREET ADDRESS (If rural, give location): 3624 HILMAR ROAD

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: DEC. 2 - 1871
9. AGE (In years last birthday): 81 (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTIMORE CITY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH GORE
14. MOTHER'S MAIDEN NAME: PAULINE OTT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS JOSEPH LE BROU - 3624 HILMAR RD. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) HYPERTENSIVE CARDIO-VAS. DIS. — INTERVAL BETWEEN ONSET AND DEATH: 10 YEARS
DUE TO: CEREBRAL VAS. ACCIDENT — 1 DAY

443X ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) PERNICIOUS ANEMIA — 2 YEARS
DUE TO
(C)

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 49, to Sept 13, 19 52, that I last saw the deceased alive on Sept 13, 19 52 and that death occurred at 6 A m., from the causes and on the date stated above.

23A. SIGNATURE: Thomas E. Wheeler M. D.
23B. ADDRESS: Randallstown, Md.
23C. DATE SIGNED: Sept 18 52

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept. 17, 1952
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: 9/18/52
REGISTRAR'S SIGNATURE: H. W. Hedrick
25. FUNERAL DIRECTOR: Wm. J. Vickers & Sons ADDRESS: Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH INK. Every item of information should be carefully supplied. IN RESERVED FOR BINDING
correct age is especially important. is: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 49335

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks
LENGTH OF STAY (In this place) 64 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks
STREET ADDRESS (If rural, give location) Quaker Bottom Rd. #1

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Wright

4. DATE OF DEATH: (Month) September (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 14. 1888

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Sparks, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Wright

14. MOTHER'S MAIDEN NAME: Margaret Ringgold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) about 1910

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Bessie Argo - Sister - Sparks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 10 mins.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arterio-sclerotic cardio-vascular disease — DUE TO — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1949, to Sept. Present, 1952, that I last saw the deceased alive on 24 Sept., 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Walter T. Kerr — M.D. — Cockeysville, Md. — 24 Sept. 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/28/52 — NAME OF CEMETERY OR CREMATORY Stephenson Chapel — LOCATION (City, town, or county) (State) Sparks, Md.

DATE REC'D BY LOCAL REG. 9/25/52 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR ADDRESS Wm. I. Chatman, Jr. - 1701 McCulloh St. Balto. Md.